

EXHIBIT 11

MediSpan
KNOWLEDGE AT YOUR FINGERTIPS

8425 Woodfield Crossing Blvd.
P. O. Box 40930
Indianapolis, IN 46240-0930
Tel: (317) 469-5200
1-800-428-4493
Fax: (317) 469-5252

To:	Terri !	
Company:	Bristol	
Fax No:	009-243-6499	
From:	Wyndy !	
Date:	8/19/92	Total number of pages: 3
If you do not receive this fax in readable condition, please call (317) 469-5200 ext. 388		

Message:

Terri !

Per our conversation,
please forward to Denise !

Thanks,
Wyn

MEDI-SPAN/3-71

BMS:5:000010

11:15 AM 08/19/92

HIGHLY CONFIDENTIAL

BMSAWP/0011245

009-243-6980

OFFICE DISPATCH

To: Wyndy J.
From: Terra R.
Date: 9/19/92
Re: BRISTOL ONCOLOGY SURVEY

After reviewing the results of the wholesaler survey performed in Bristol Oncology, and discussing these results with John, we have determined that for those items with the labeler 0003, we will use a 1.25 mark-up and for those items with the labeler 0005, we will use a 1.20 mark-up. We noticed too, that FDB and Pediatr use a 1.20 for everything.

I will tickle this to do another survey in 90 days, just in case the wholesalers/competition have been slow to make changes to their pricing.

cc: John L.
Bryan W.
Manufacturer file

BMS:5:000011

9/2/92

MS-1000 11:11 26. 61 000

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Bristol-Myers Squibb Company

Pharmaceutical Group

P.O. Box 4500 Princeton, NJ 08543-4500 609 243-6000

RECEIVED AUG 10 1992

Wendy Jones
MEDISPAN
8425 Woodfield Crossing Blvd.
Indianapolis, IN 46240-0930

Dear Ms. Olayan

Effective immediately, Bristol-Myers Oncology Division products factor used in determining the AWP should be changed from 20.5% to 25%. This change should not effect any other business unit of Bristol-Myers Squibb Company.

If there are any reasons why you cannot proceed with this request, please contact me at 609-243-6988.

Sincerely,

Denise M. Kaszuba
Denise M. Kaszuba
Sr. Pricing Analyst

Terri,

How is the survey going? Please advise - Denise wants a new AWP printout.

*Thanks,
Wendy.*

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BMSAWP/0011247



Bristol-Myers Squibb Company

Pharmaceutical Group

P.O. Box 4500 Princeton, NJ 08543-4500 609 243-6000

Edward Edelstein
First Data Bank
1111 Bayhill Drive
Suite 350
San Bruno, CA 94066

Dear Mr. Edelstein

Effective immediately, Bristol-Myers Oncology Division products factor used in determining the AWP should be changed from 20.5% to 25%. This change should not effect any other business unit of Bristol-Myers Squibb Company.

If there are any reasons why you cannot proceed with this request, please contact me at 609-243-6986.

Sincerely,

Denise M. Kaszuba
Sr. Pricing Analyst

*Send to Beth
Rader*

BMS:5:000013

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BMSAWP/0011248

EXHIBIT 12

PRICE INCREASE/DECREASE NOTIFICATION PROCESS

Define: "Price

Increase/Decrease Process is the changed of prices to the list price

1. Director of Finance or designee provides document containing price increase proposal. The following information is required to implement a price increase action.
 - a. Proposed % increase by product/SKU's form
 - b. Proposed effective date
 - c. Proposed Transitional Offer:
 1. Credit Adjustment:
A credit is extended to wholesalers/physicians in the form of credit memo based on 2 week average units purchased.
 2. Buy-In Offer:
A buy-in allowance at the old price for a specified historical purchasing period.
2. Create a Price Increase folder. This is where all price increase documents are stored. File folder is stored in chronological order in the price increase file drawer.
3. Prepare a Time and Events Schedule. This is used as a step-by-step guide and time schedule for all pricing action tasks. During a pricing action, the Time and Events schedule will be reviewed on a daily basis to ensure the tasks and schedules are met. (SEE ATTACHED EXAMPLE)
4. Pricing Support will prepare an Excel spreadsheet calculating the new prices for classes of trade affected by the price increase. The following classes of trade may be affected by a list price increase:

Wholesalers	(Billing Category 51)
Oncology Product Distributors	(Billing Category 42)
Retailers	(Billing Category 57)
Non-Profit Non Retail	(Billing Category 56)
Profit Non Retail	(Billing Category 58)
Physicians	(Billing Category 59)

SEE ATTACHED EXCEL FORMULAS TO CALCULATE PRICES

5. Enter proposed prices using the % factor and markup factor in the Price Authorization System.
 - a. % FACTOR: Wholesaler Percent. The change in product price is entered as a percent in this field. *Actual percent increase for pricing action*
 - b. MARKUP FACTOR: When there is 2 tiered pricing, you need to add a 5% markup in the markup field (example: new % for wholesale and retail is 5% higher) The percent of markup for a product is entered in this field. A markup is usually done when the wholesaler percent is changed. This field is used for price increases affecting all but the wholesaler community (billing category 51).
6. Print (pending status) approval forms from the Pricing Authorization system for proofing.
7. Compare all prices on Excel spreadsheet, communication documents and the Price Authorization System for accuracy and consistency. Correct system to match signed documents if within a penny or two.

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BMS/AWP/000186646

8. Prepare communications for the following classes of trade:

- a. Wholesalers
- b. Retail Pharmacist
- c. Hospital - Director of Pharmacy
- d. Oncologist/Physician
- e. Sales Forces

9. Types of communications provided:

a. Western Union Mailgrams

- 1. Direct Buying Retailers based on the last 12 months of sales
- 2. Retail Chain Headquarters
- 3. Direct Buying Hospitals who purchase at list price and based on the last 12 months of sales.
- 4. Wholesalers (Headquarters)
- 5. Wholesalers (Distribution Sites)
- 6. Oncologists (Based on direct purchases)

Details on Western Union procedures are listed in section 10.

a. Facsimiles (FAX) (see wholesaler headquarter EXCEL file in I/Shared/Admin Price/

b. Price Support/ wholesalers_headquarterchain.xls)

- 1. Retail Chain Headquarters
- 2. State of Texas
- 3. Data Services (First DataBank, Red Book, Clinidata)

c. E-Mail (SEE EXAMPLES)

1. Internal:

NOTE: Wholesale, retail, hospital and physician pricing (if applicable) is provided in the EXCEL format.

2. Sales Forces:

NOTE: Wholesale, retail, hospital and physician (if applicable) pricing is provided in the FAX format.

3. Data Services: (First DataBank, Red Book, Clinidata)

NOTE: Wholesale and retail pricing is provided in a WORD Document. Pricing is provided in the FAX format.

4. Puerto Rico: (3-4 days prior to pricing action)

NOTE: Wholesale, retail, and hospital pricing is provided in the EXCEL worksheet format.

5. OTN: (Oncology Therapeutic Network: For Oncology Products Only)

NOTE: BMSO wholesale and retail pricing is provided in the EXCEL worksheet format.

10. WESTERN UNION:

- a. Contact Western Union Account Executive, Donna Moody to get the job numbers for each of the class of trade categories: Wholesalers, Retailers, Hospitals and Physicians.
- b. Prepare a Western Union Grid which contains previous job numbers and current job numbers supplied by Donna Moody.
- c. Approve work order from Western Union and send back to Margie Sherman at Western Union at the fax number provided on the work order.
- d. Provide Mailgram text via e-mail to Western Union.
 1. The software application used to produce the documents is WORD. Due to the limitations of Western Union's programming, please note the following: TABS cannot be used when entering the data. The registered and trade mark symbols cannot be used, instead use (R) and (TM).
 2. Supply customer mailing labels to Western Union if necessary. In most cases they use the lists used previously. If mailing labels need to be update, contact Rick James in I.M. to update and provide the lists in an Excel format.
 3. Proof and approve documents as they are returned from Western Union.

11. Prepare Internal communication:

- a. Internal price increase notifications are sent via e-mail to members of the e-mail distribution lists. The EXCEL spreadsheet is attached to the e-mail.
- b. The lists include but not limited to: General Management, Strategy-Policy, & Analysis, Managed Healthcare, Policy & Strategy Management Team, US Pricing and Contracts, Trade/Sales Operations, Medical and Technology Strategy, Sales and Marketing Services, Strategy and Operations, Supply Chain, Manufacturing, & Logistics, Pricing Administration, Finance, Cardiovascular/Metabolic Sales, NID/Derm Marketing and Medical Affairs, Mature Brand Management, BMSO Sales, BMSI Sales, and Barbara Devlin of IMS, AJ Dsumey and Bill Gibson- BMS.
- c. In order to maintain consistency and accuracy, the e-mail distribution lists must be reviewed prior to notifications being sent. Sources to use are the organizational charts in Lotus Notes. They are updated periodically and they provide members of key departments.

12. Sales Force Communications:

- a. Prepare and send sales force communications through the respective Sales Administration. The document is the same FAX format that is sent to the Data Services which contains wholesale and retail pricing.
- b. Managed Healthcare: E-mail directly using the e-mail distribution list for MHC and MHC Trade Strategy and Marketing.
- c. NID Salesforces: Complete the NID Sales Communication Forms located in: I/shared/admin price/ price support/ field communication forms/NID. E-mail completed form to appropriate contact with price increase notification. Contacts are listed by product responsibility on the document. A confirmation will be sent back of notification.

- d. CV/Metabolic Salesforces: Complete the CV/MET Sales Communication Forms located in: I:/shared/admin price/ price support/ field communication forms/CV-Meta. E-mail completed form and price increase notification to appropriate contact. Contacts are listed by product responsibility on the document. A confirmation will be sent back of notification.
- e. Oncology/Immunology Salesforces: Even though the division is listed as one entity they operate as separate entities with separate salesforces, Oncology and Immunology. Price increase notifications are handled differently for each one.
 - 1. Oncology: A sales force notification form was developed for Oncology, However, they do not utilize it the same way as CV/Met or NID. Therefore, it can be sent to Sr. VP of Sales, Don Soltysiak and VP of Oncology Marketing, Kathleen Deardorff for approvals. Pricing Operations is responsible for sending out the notification to the BMSO (Bristol-Myers Squibb Oncology). It can be sent via e-mail to: mg-wmg-bmsso-sales@bms.com
 - 2. Immunology: Bill Kindberg, VP of Immunology Sales did not want a Salesforce Communication form. Therefore, the day before, contact Bill Kindberg or his Admin., Jane Villanova to get permission to send out notifications to the Immunology salesforce. It can be sent via e-mail to: mg-wmg-bmsi-field-sales@bms.com
- 13. Release prices to pending file of Price Authorization System.
- 14. Release Prices (Approved Status) in the Price Authorization System the night before pricing action. The Associate Manager of Pricing Support or Sr. Manager of Pricing Administration will approve and release prices into the system.
- 15. Release approved Western Union texts the afternoon before pricing actions. This allows the opportunity to make any last minute changes.
- 15. Day of price increase, release communication to internal customers via e-mail. (See examples)
- 16. Day of price increase, provide price change notification to the data services (First Databank, Red Book, and Clinidata. (See examples)
- 16. Day of price increase, fax wholesale or retail fax sheets to respective customer as listed on the FAX list. (see wholesaler headquarter EXCEL file in I:/Shared/Admin Price/ Price Support/ wholesalers_headquarterchain.xls)
- 17. Send out buy-in forms or credit adjustments to wholesalers (if applicable)
- 18. Obtain AWP's from the Data Services (First DataBank and Red Book) Approximate turn around time is 2-3 days. Review AWP's for reasonability, ie 20%-25% higher than new wholesale price. AWP's are for internal use only.
- 19. Update internal price lists with new AWP's.
- 20. When Pricing Action is completed, update the main Pricing Table for each applicable business unit to reflect all active pricing in the current pricing column.

EXHIBIT 13

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KABZUBA
 Contact Phone: (888) 631-5244

IMMEDICAL ECONOMICS
 Five Passes Drive • Manville, NJ 07846-1712
 (201) 324-2229 Fax (201) 324-1754

BMY/PLM03/6131/0001594

BRISTOL-MYERS ONCOLOGY DIV/HIV PRODUCTS
 A BRISTOL-MYERS 800188 COMPANY
 P. O. BOX 4588
 PRINCETON NJ 085434588

00015-3012-20	CEENU (U/DILUENT) PO 10 100 MG 15.00 LONUSTINE	01 RX	82.70 ✓	.00	66.16 ✓	.00	03/01/95
00015-3010-20	BLENDAXNE (VIAL) PO 10 15 U 15.00 BLEOMYCIN SULFATE	01 RX	291.49 ✓	.00	232.19 ✓	.00	03/01/95
00015-3034-10	CEENU (DOSE PACK) CAP PO 60.00 LONUSTINE	01 RX	81.21 ✓	.00	64.97 ✓	.00	03/01/95
00015-3030-20	CEENU CAP PO 10 MG 200.00 LONUSTINE	01 RX	87.93 ✓	.00	78.34 ✓	.00	03/01/95
00015-3031-20	CEENU CAP PO 40 MG 200.00 LONUSTINE	01 RX	264.79 ✓	.00	211.83 ✓	.00	03/01/95
00015-3032-20	CEENU CAP PO 100 MG 200.00 LONUSTINE	01 RX	583.33 ✓	.00	482.66 ✓	.00	03/01/95

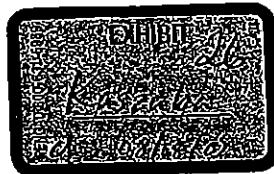
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HIGHLY CONFIDENTIAL



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RED BOOK

BMY/PLB03/17/0601299

BRISTOL-MYERS ONCOLOGY DIV/HIV PRODUCTS
 A BRISTOL-MYERS SQUIBB COMPANY
 P. O. BOX 4588
 PRINCETON, NJ 085434588

PRODUCT LISTING VERIFICATION

PHARMEDICAL ECONOMICS
 Five Pilegon Drive • Monmouth, NJ 07045-1713
 (201) 558-2120 Fax (201) 558-1758

Please Respond By: 09/15/95
 Contact Name: DENISE KABZUDA
 Contact Phone: (800) 631-5244

00015-0508-41	CYTOXAN (VIAL) POI 1U 100 MG CYCLOPHOSPHAMIDE	AP	01	RX	5.31	.00	4.25	.00	03/01/94
00015-0501-41	CYTOXAN (VIAL) POI 1U 200 MG CYCLOPHOSPHAMIDE	AP	01	RX	10.11	.00	8.09	.00	03/01/94
00015-0502-41	CYTOXAN (VIAL) POI 1U 300 MG CYCLOPHOSPHAMIDE	AP	01	RX	21.24	.00	16.99	.00	03/01/94
00015-0505-41	CYTOXAN (VIAL) POI 1U 1 GM CYCLOPHOSPHAMIDE	AP	01	RX	42.49	.00	33.99	.00	03/01/94
00015-0506-41	CYTOXAN (VIAL) POI 1U 2 GM CYCLOPHOSPHAMIDE	AP	01	RX	85.00	.00	60.00	.00	03/01/94
00015-0504-01	CYTOXAN TAB PO 25 MG 100.00 CYCLOPHOSPHAMIDE	AP	01	RX	158.63	.00	126.90	.00	03/01/95

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KAEZUBA
 Contact Phone: (800) 631-5244

BIMEDICAL ECONOMICS
 The Pharmacy Division
 1001 5th Street, Suite 100
 Princeton, NJ 08540-1101

BMY/PLR03/01/0001300

BRISTOL-MYERS ONCOLOGY DIV/HIV PRODUCTS
 A BRISTOL-MYERS SQUIBB COMPANY
 P. O. BOX 4580
 PRINCETON, NJ 08543-4580

PRODUCT	AP	01 RX	291.13	.00	232.98	.00	03/01/95
00015-0503-01 CYTOXAN TAB PO 50 MG 1000 mg CYCLOPHOSPHAMIDE		01 RX	291.13	.00	232.98	.00	03/01/95
00015-0503-02 CYTOXAN TAB PO 50 MG 1000 mg CYCLOPHOSPHAMIDE		01 RX	2772.74	.00	2218.19	.00	03/01/95
00015-0539-41 CYTOXAN LYOPHILIZED POI IJ 100 MG 1000 mg CYCLOPHOSPHAMIDE	AP	01 RX	6.45	.00	5.16	.00	03/01/94
00015-0546-41 CYTOXAN LYOPHILIZED POI IJ 200 MG 1000 mg CYCLOPHOSPHAMIDE	AP	01 RX	12.25	.00	9.88	.00	03/01/94
00015-0547-41 CYTOXAN LYOPHILIZED POI IJ 500 MG 1000 mg CYCLOPHOSPHAMIDE	AP	01 RX	25.71	.00	20.57	.00	03/01/94
00015-0548-41 CYTOXAN LYOPHILIZED POI IJ 1 GM 1000 mg CYCLOPHOSPHAMIDE	AP	01 RX	51.43	.00	41.14	.00	03/01/94

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENTBE KASZUBA
 Contact Phone: (800) 631-5244

BIRMINGHAM ECONOMICS
 Five Point Office - Memphis, TN 38104-1742
 (202) 334-2220 Fax (202) 334-1759

BMY7/LB036/13/0001301

BRISTOL-MYERS ONCOLOGY DIV/RIV PRODUCTS
 A BRISTOL-MYERS SQUIBB COMPANY
 P. O. BOX 4500
 PRINCETON, NJ 08543-4500

PRODUCT NAME	AP	01	RX	182.87	.00	82.31	.00	03/01/94
CYTOSAN LYOPHILIZED PDZ 1J 2 GM 18.75% CYCLOPHOSPHAMIDE								
HYDREA CAP PD 500 MG 100% P HYDROXYUREA				141.93	.00	113.54	.00	03/01/95
IFEX (TOTAL) PDZ 1J 1 GM 18.75% IFOSFAMIDE				107.06	9.00	86.29	.00	03/01/95
IFEX (TOTAL) PDZ 1J 3 GM 18.75% IFOSFAMIDE				323.64	8.00	238.91	.00	03/01/95
IFEX/NEBEX (COMBO-PACK) KIT 1J 18.75% IFOSFAMIDE/NEBNA				1862.58	.00	1498.00	.00	06/27/95
IFEX/NEBEX (COMBO-PACK) KIT 1J 18.75% IFOSFAMIDE/NEBNA				778.78	.00	616.62	.00	06/27/95

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m. Shook

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

BIMEDICAL ECONOMICS
 Five Peragon Drive - Monmouth, NJ 08053-1141
 (703) 584-2378 Fax (703) 584-1758

BMY/PLB03/6/11/0001303

PRISTOL-HYERS ONCOLOGY OIV/HIV PRODUCTS

A PRISTOL-HYERS BUILDING COMPANY
 P.O. BOX 4300
 PRINCETON NJ 08543-4300

00015-3557-41	IFEX/HESNEX (COMBO-PACK) KIT 1J 15.00 IFOSFAMIDE/HESNA	01 RX	1862.38	.00	1498.00	.00	03/01/95
00015-3558-41	IFEX/HESNEX (COMBO-PACK) KIT 1J 15.00 IFOSFAMIDE/HESNA	01 RX	776.78	.00	616.62	.00	03/01/95
00015-3559-41	IFEX/HESNEX (COMBO-PACK) KIT 1J 15.00 IFOSFAMIDE/HESNA	01 RX	924.95	.00	739.96	.00	03/01/95
00015-3564-15	IFEX/HESNEX (COMBO-PACK) KIT 1J 15.00 IFOSFAMIDE/HESNA	01 RX	1117.44	.00	893.95	.00	06/27/95
00015-3888-60	LYSCOREN TAB PD 500 MG 100.00 MITOTANE	01 RX	212.86	.00	178.29	.00	03/01/95
00015-3508-42	NEOACE SUS PD 40 MG/ML 0.00 NEBESITROL ACETATE	01 RX	107.95	.00	86.36	.00	03/01/95

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Please Respond By: 07/07/0
 Contact Name: DENISE KABZUBA
 Contact Phone: (800) 631-5244

BRISTOL-MYERS ONCOLOGY DIV./HIV PRODUCTS
A BRISTOL-MYERS SQUIBB COMPANY
P. O. BOX 4508
PRINCETON, NJ 085434500

INTERNATIONAL ECONOMICS
 Five Pidgeon Drive • Menasha, WI 54955-1742
 (201) 358-2328 Fax (201) 358-1758

PRODUCT	AB	BI	RX	PRICE EFFECTIVE DATE
00015-0595-01 MEGACE TAB PO 20 MG 100% $\frac{04}{04}$ MEGESTROL ACETATE	AB	BI	RX	03/01/93 .00 58.21 .00 72.76
00015-0596-41 MEGACE TAB PO 40 MG 100% $\frac{04}{04}$ MEGESTROL ACETATE	AB	BI	RX	03/01/93 .00 103.82 .00 129.78
00015-0596-45 MEGACE TAB PO 40 MG 500% $\frac{04}{04}$ MEGESTROL ACETATE	AB	BI	RX	03/01/93 .00 498.37 .00 622.96
00015-0596-46 MEGACE TAB PO 40 MG 250% $\frac{04}{04}$ MEGESTROL ACETATE	AB	BI	RX	03/01/93 .00 254.37 .00 317.96
00015-3508-41 MESHEX (AMP) INJ IJ 100 MG/ML 2 ml. 15% $\frac{00}{00}$ MEBNA	AB	BI	RX	03/01/94 .00 185.17 .00 231.46
00015-3561-41 MEBENEX (AMP) INJ IJ 100 MG/ML 4 ml. 15% $\frac{00}{00}$ MEBNA	AB	BI	RX	03/01/94 .00 378.32 .00 462.98

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BRISTOL-MYERS ONCOLOGY DIV./HIV PRODUCTS
A BRISTOL-MYERS SQUIBB COMPANY
P.O. BOX 4500
PRINCETON, NJ 08543-4500

PRODUCT LISTING VERIFICATION

Please Respond By: 09/15/95
Contact Name: DENISE KASZUBA
Contact Phone: (800) 631-5244

DATE	TIME	INJECTIVE	DATE
08015-3565-41	MESNEX (AMP) INJ 100 MG/ML 10 ml, 10s 00 MESNA	01 RX	771.54 ✓
08015-3565-02	MESNEX (M.D.V.) INJ 100 MG/ML 10 ml, 10s 00 MESNA	01 RX	149.00 ✓
08015-3565-03	MESNEX (M.D.V.) INJ 100 MG/ML 10 ml, 10s 00 MESNA	01 RX	1498.00 ✓
08015-3801-20	MUTAMYCIN POI 10 S MG 10 ml, 10s 00 MUTAMYCIN	AP 01 RX	134.11 ✓
08015-3802-20	MUTAMYCIN POI 10 20 MG 10 ml, 10s 00 MUTAMYCIN	AP 01 RX	452.91 ✓
08015-3859-28	MUTAMYCIN POI 10 40 MG 10 ml, 10s 00 MUTAMYCIN	01 RX	715.07 ✓

INSTRUCTIONS: Please make corrections directly on this printout.

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BMY/PLB/03/11/1/001307

RED BOOK**PRODUCT LISTING VERIFICATION**

BRISTOL-MYERS ONCOLOGY DIV/HIV PRODUCTS
 A BRISTOL-MYERS SQUIBB COMPANY
 P. O. BOX 4500
 PRINCETON NJ 085434500

Please Respond By: 07/15/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

IMMEDICAL ECONOMICS
 Five Paragon Drive, Monroeville, PA 15146-1718
 (201) 358-1228 Fax (201) 358-1756

PRODUCT NAME	STRENGTH	FORM	UNIT	PRICE	EFFECTIVE DATE
00015-3456-20 TAXOL (6,6,6,6,6,6) INJ 10 5 ml PACITAXEL	6 MG/ML	01 RX	102.60	.00	12/31/92
00003-0698-50 TEELAC TAB PO 50 MG 1000 ea TESTOLACTONE		01 CIII	127.00	.00	03/01/93
00015-3891-45 VEPESIO CAP PO 50 MG 200 ea ETOPOSIDE		01 RX	694.91	.00	03/01/93
00015-3861-20 VEPESIO (TOTAL) INJ 10 25 ml ETOPOSIDE	20 MG/ML	AP 01 RX	665.38	.00	10/21/93
00015-3862-20 VEPESIO (M.D.U.) INJ 10 20 ml ETOPOSIDE	20 MG/ML	AP 01 RX	1296.64	.00	10/21/93
00015-3884-20 VEPESIO (M.D.U.) INJ 10 20 ml ETOPOSIDE	20 MG/ML	AP 01 RX	284.74	.00	07/09/93

Instructions: Please make corrections directly on this printout.

Handwritten: 8.22.95

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BMS10IG/7:0000405

BMSAWP/0005618

HIGHLY CONFIDENTIAL

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 07/15/95
 Contact Name: CENTSE KASZUBA
 Contact Phone: (800) 631-5244

W MEDICAL ECONOMICS
 Five Paston Drive • Morristown, NJ 07960-1712
 (609) 336-2221 Fax (609) 59-1716

BMYRFLB03013120041306

BRISTOL-MYERS SMCBLOGY DIV/HIV PRODUCTS

A BRISTOL-MYERS SMCB328 COMPANY
 P.O. BOX 4500
 PRINCETON NJ 08543-4500

DATE	AP	01 RX	136.49	.00	107.17	.00	03/08/95
00013-3875-20	VEPESID (R, D, V.) INJ. 100 5 ml ETOPOSIDE						
00087-6628-43	VIDEX CTB PO 25 MG 100 mg DIDANOSINE	01 RX	22.26	18.47	18.47	.00	03/01/95
00087-6624-43	VIDEX CTB PO 50 MG 200 mg DIDANOSINE	01 RX	44.51	36.94	36.94	.00	03/01/95
00087-6627-43	VIDEX CTB PO 100 MG 400 mg DIDANOSINE	01 RX	89.87	73.87	73.87	.00	03/01/95
00087-6626-43	VIDEX CTB PO 150 MG 600 mg DIDANOSINE	01 RX	133.53	110.91	110.91	.00	03/01/95
00087-6614-43	VIDEX PDR PO 100 MG 300 mg DIDANOSINE	01 RX	44.51	36.94	36.94	.00	03/01/95

Instructions: Please make corrections directly on this printout.

V. J. Hark

8.22.95

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BMS10IG/7:0000406

BMSAWP/0005619

HIGHLY CONFIDENTIAL

RED BOOK**PRODUCT LISTING VERIFICATION**

BMY/PLB016/131/0001309
 BRISTOL-MYERS SQUIBB DIV/HIV PRODUCTS
 A BRISTOL-MYERS SQUIBB COMPANY
 PRINCETON, NJ 08543-4388

Please Respond By: 09/15/95
 Contact Name: DEBBIE KAGZURA
 Contact Phone: (888) 631-3244

IMMEDIATE ECONOMICS
 Five Prater Drive, Monmouth, NJ 07555-1743
 (201) 348-2328 Fax (201) 348-1758

PRODUCT NAME	STRENGTH	FORM	PKGS	UNIT PRICE	DATE
VIDEX	POR PO 167 MG	01 RX	74.34	61.69	03/01/95
VIDEX	POR PO 250 MG	01 RX	111.27	92.34	03/01/95
VIDEX PEDIATRIC	POR PO 2 GH	01 RX	29.67	24.62	03/01/95
VIDEX PEDIATRIC	POR PO 4 GH	01 RX	59.32	49.23	03/01/95
VUMON	INJ 1U 10 MG/ML	01 RX	136.48	123.12	03/01/95
VUMON	INJ 1U 10 MG/ML	01 RX	1563.75	1251.28	03/01/95

Instructions: Please make corrections directly on this printout.

4-77 1's

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HIGHLY CONFIDENTIAL

BMSAWP/0005620

BMY/PL3056/12/0004310

SQUAD / Immunology

BRISTOL-MYERS SQUIBB COMPANY

P. O. BOX 4300
PRINCETON, NJ 08542-4300**RED BOOK****PRODUCT LISTING VERIFICATION**MEDICAL ECONOMICS
Five Penn Plaza, Suite 1700, New York, NY 10119-3000
(212) 512-2200 Fax (212) 512-1700Please Respond By: 09/15/95
Contact Name: DENISE KASZUBA
Contact Phone: (800) 631-5244

Product Code	Product Name	Quantity	Unit Price	Total Price	Effective Date
00003-1764-01	ZERIT CAP PO 15 HQ STAVUDINE	200.01	.00	165.90	07/08/94
00003-1965-01	ZERIT CAP PO 20 HQ STAVUDINE	200.00	.00	172.61	07/08/94
00003-1966-01	ZERIT CAP PO 30 HQ STAVUDINE	217.00	.00	180.00	07/08/94
00003-1967-01	ZERIT CAP PO 40 HQ STAVUDINE	225.00	.00	186.72	07/08/94

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BMS

8-23-95

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BMSAWP/0005621

RED BOOK
 THE INTERNATIONAL DIRECTORY OF
 MANUFACTURERS OF PHARMACEUTICALS

MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following information to ensure that your organization is properly listed in the 1996 Red Book. Please make changes directly on this form.

SQUIBB / Immunology
 BRISTOL-MYERS SQUIBB COMPANY

Manufacturer Name

A BRISTOL-MYERS SQUIBB COMPANY P. O. BOX 4500

Address

PRINCETON

NJ

08543-4500

City

State

Zip Code

DENISE KASZUBA

Contact Name (not published)

(800) 631-5244

800 Number

(609) 897-4741

Main Telephone Number

(800) 623-2965

Fax Number

☐ OK as is

☒ OK with changes

Signature

Date

If you have any questions, please call (201) 358-2228

BMV/PLB/36/121/0001311

FIVE PARAGON DRIVE • MONTVALE • NEW JERSEY 07843 • 201 358-7500

BMS10IG/7:000409

Trade Secret CONFIDENTIAL

BMSAWP/0005622

HIGHLY CONFIDENTIAL

EXHIBIT 14

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

W MEDICAL ECONOMICS
 Five Passaic Drive • Passaic, NJ 07654-1741
 (201) 264-2721 Fax (201) 264-1750

BMY/PLB/03/6/11/0003160

APOTHECON PRODUCTS
 BRISTOL-MEYERS SQUIBB
 P. O. BOX 4500
 PRINCETON NJ 08543-4500

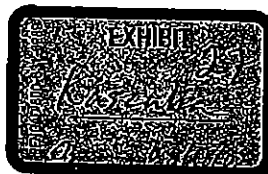
Product Code	Product Name	AP	01	RX	46.99	37.16	37.16	39.16	00	03/01/95
00015-3028-20	AMIKIN (UJAL) 2.51 20 AMIKACIN SULFATE	AP	01	RX	46.99	37.16	37.16	39.16	00	03/01/95
00015-3028-21	AMIKIN (BRN) 2.51 20 AMIKACIN SULFATE	AP	01	RX	68.34	57.12	57.12	57.12	00	06/23/92
00015-3023-20	AMIKIN (UJAL) 4.51 20 AMIKACIN SULFATE	AP	01	RX	92.86	77.38	77.38	77.38	00	03/01/95
00015-3015-20	AMIKIN PEDIATRIC (UJAL) 2.51 20 AMIKACIN SULFATE	AP	01	RX	35.24	29.37	29.37	29.37	00	03/01/94
00015-7401-20	AMPCILLIN SODIUM (UJAL) 10.00 20 AMPCILLIN SODIUM	AP	02	RX	8.97	0.85	0.85	0.81	00	03/01/95
00015-7402-20	AMPCILLIN SODIUM (UJAL) 15.00 20 AMPCILLIN SODIUM	AP	02	RX	1.14	1.00	1.00	0.95	00	03/01/95

Instructions: Please make corrections directly on this printout.
 OK as is

Signature
 Date

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BMS10IG/7:000358



HIGHLY CONFIDENTIAL

BMSAWP/0005571

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KAGZUBA
 Contact Phone: (888) 631-5244

MINI-MEDICAL PHARMACEUTICALS
 5000 Park Drive - Monrovia, CA 92455-1712
 (209) 334-2229 Fax (209) 334-1758

BMY72LP03C/131/0001161

APOTHECON PRODUCTS
 9618TOL-NEVERS

P.O. BOX 4599
 PRINCETON NJ 085434599

MOOREHEAD PAVALON NUMBER	DESCRIPTION	AP	02	RX	1.49	1.38	1.24	SP	PRICE EFFECTIVE DATE
00015-7403-29	AMPICILLIN SODIUM (VIAL) POI 1U 500 MG 15.00 AMPCILLIN SODIUM	AP	02	RX	1.49	1.38	1.24	.88	03/01/95
00015-7403-31	AMPICILLIN SODIUM (P.B.) POI 1U 500 MG 15.00 AMPCILLIN SODIUM	AP	02	RX	3.18	2.71	2.58	.88	03/01/95
00015-7404-18	AMPICILLIN SODIUM (ADD-VANTAGE) POI 1U 1 GM 15.00 AMPCILLIN SODIUM	AP	02	RX	2.34	2.86	1.95	.88	03/01/95
00015-7404-20	AMPICILLIN SODIUM (VIAL) POI 1U 1 GM 15.00 AMPCILLIN SODIUM	AP	02	RX	2.17	1.98	1.81	.88	03/01/95
00015-7404-26	AMPICILLIN SODIUM (P.B.) POI 1U 1 GM 15.00 AMPCILLIN SODIUM	AP	02	RX	3.49	3.86	2.91	.88	03/01/95
00015-7405-18	AMPICILLIN SODIUM (ADD-VANTAGE) POI 1U 2.5H 15.00 AMPCILLIN SODIUM	AP	02	RX	3.52 ✓	3.88	2.93	.88	03/01/95

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5000 Park Drive
 5000 Park Drive
 5000 Park Drive

Trade Secret CONFIDENTIAL

BMS10IG/7:000359

HIGHLY CONFIDENTIAL

BMSAWP/0005572

2971606/12/1750774AWB

**APOTHECON PRODUCTS
PRISTOL-MEYER**

PRINCETON NJ 08540

Please Respond By: 09/15/95
Contact Name: DENISE KASZUBA
Contact Phone: (800) 631-5244

RED BOOK

PRODUCT LISTING VERIFICATION

BIOMEDICAL ECONOMICS
Five Passaic Drive • Montvale, NJ 07643-1742
Tel. (201) 353-1758
Fax (201) 353-1755

									PRICE - FREIGHT/ DATE
00013-7405-20	AMPCILLIN SODIUM (TOTAL) POB IU 2 GR 15 GR AMPCILLIN SODIUM	AP	02 RX	3.36	2.95	2.88	.00	03/01/95	
00013-7405-20	AMPCILLIN SODIUM (TOTAL) POB IU 2 GR 15 GR AMPCILLIN SODIUM	AP	02 RX	4.94	4.34	4.12	.00	03/01/95	
00013-7100-20	AMPCILLIN SODIUM (TOTAL) POB IU 10 GR 15 GR AMPCILLIN SODIUM	AP	02 RX	18.31	16.86	15.26	.00	03/01/95	
00003-5040-50	ATEMOLOL TAB PO 50 MG 1000 mg ATEMOLOL	AB	02 RX	66.70	58.68	55.75	.00	09/08/92	
00003-5040-75	ATEMOLOL TAB PO 50 MG 1000 mg ATEMOLOL	AB	02 RX	600.00	526.32	500.00	.00	12/07/94	
00003-5240-50	ATEMOLOL TAB PO 100 MG 1000 mg ATEMOLOL	AB	02 RX	96.24	84.42	80.28	.00	09/08/92	

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BMSAWP/0005573

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 07/15/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

BIOMEDICAL ECONOMICS
 One Parkside Drive • Morristown, NJ 07960-1100
 (201) 334-2221 Fax (201) 334-1756

12-
 JENNY

8MY77LB036/11/0401243

APOTHECON PRODUCTS
 BRISTOL-MEYERS

P. O. BOX 4588
 PRINCETON NJ 085434588

PRODUCT CODE	PRODUCT NAME	AB	02 RX	196.80	172.80	163.40	.00	06/23/92
00003-8749-00	CEPHALEXIN CAP PO 250 MG 500 MG CEPHALEXIN MONOHYDRATE	AB	02 RX					
00003-8874-50	CEPHALEXIN CAP PO 500 MG 100% w/w CEPHALEXIN MONOHYDRATE	AB	02 RX	111.72	98.80	93.10	.00	06/23/92
00003-8874-60	CEPHALEXIN CAP PO 500 MG 500% w/w CEPHALEXIN MONOHYDRATE	AB	02 RX	392.16	344.80	326.80	.00	06/23/92
00003-2201-30	CEPHALEXIN POX PO 125 MG/5 ML 100% w/w CEPHALEXIN MONOHYDRATE	AB	02 RX	5.98	5.25	4.98	.00	06/23/92
00003-2201-40	CEPHALEXIN POX PO 125 MG/5 ML 200% w/w CEPHALEXIN MONOHYDRATE	AB	02 RX	11.86	10.40	9.88	.00	06/23/92
00003-2202-30	CEPHALEXIN POX PO 250 MG/5 ML 100% w/w CEPHALEXIN MONOHYDRATE	AB	02 RX	11.34	9.95	9.45	.00	06/23/92

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HIGHLY CONFIDENTIAL

BMSAWP/0005574

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

PHARMACEUTICAL ECONOMICS
 Five Pringle Drive • Montvale, NJ 07645-1142
 (201) 329-2220 Fax (201) 329-1174

BMY7PLB03C/11/0001365

APOTHECON PRODUCTS
 BRISTOL-MEYER

P.O. BOX 4500
 PRINCETON NJ 08543-4500

Product Code	Product Name	AB	02 RX	276.07	233.16	221.50	.00	08/27/93
00003-5558-03	DILTIAZEM HCL TAB PO 60 MG 500s B2 DILTIAZEM HYDROCHLORIDE	AB	02 RX	276.07	233.16	221.50	.00	08/27/93
00003-5558-04	DILTIAZEM HCL TAB PO 60 MG 1000s B2 DILTIAZEM HYDROCHLORIDE	AB	02 RX	478.36	419.67	398.69	.00	08/27/93
00003-5774-02	DILTIAZEM HCL TAB PO 90 MG 1000s B2 DILTIAZEM HYDROCHLORIDE	AB	02 RX	78.48	66.82	62.72	.00	08/27/93
00003-5774-03	DILTIAZEM HCL TAB PO 90 MG 500s B2 DILTIAZEM HYDROCHLORIDE	AB	02 RX	372.41	313.62	297.93	.00	08/27/93
00003-5858-02	DILTIAZEM HCL TAB PO 120 MG 1000s B2 DILTIAZEM HYDROCHLORIDE	AB	02 RX	181.67	95.42	81.34	.00	08/27/93
00003-8700-01	DOXYCYCLINE HYCLATE CAP PO 50 MG 500s B2 DOXYCYCLINE HYCLATE	EC	02 RX	33.87	31.47	29.89	.00	06/23/92

Trade Secret CONFIDENTIAL

BMS10IG/7:000363

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Name

Date

To Henry

HIGHLY CONFIDENTIAL

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 07/13/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 831-5244

BIMEDICAL ECONOMICS
 Five Peraton Drive • Morristown, NJ 07955-1742
 (201) 352-2231 Fax (201) 352-1750

BMY/PLM03/011/0003264

OPOTHECON PRODUCTS
 BRISTOL-MEYER

P. O. BOX 4300
 PRINCETON NJ 08543-4300

PRODUCT	LOT	EXP. DATE	QTY	UNIT	PRICE	DATE
FLORINEP ACETATE TAB PO 0.1 MG 100's	00003-0429-50	03/01/95	35.89	01 RX	43.07	03/01/95
FLUOROCORTISONE ACETATE CRE TP 32 20's	00003-0411-20	03/01/94	24.34	01 RX	25.62	03/01/94
AMPHOTERICIN B FUNGIZONE FOR TISSUE CULTURE POI 1J 50 MG 10's	00003-0437-00	03/01/94	33.84	01 RX	48.61	03/01/94
AMPHOTERICIN B FUNGIZONE INTRAVENOUS POI 1J 50 MG 10's	00003-0437-30	03/01/93	17.29	01 RX	18.28	03/01/93
AMPHOTERICIN B FUNGIZONE LOTION LOT TP 32 30's	00003-0412-30	03/01/94	33.39	01 RX	48.87	03/01/94
AMPHOTERICIN B X-LYTE (LINE) TEP PO 25 MG 30's	00007-0760-01	03/01/95	23.24	01 RX	27.89	03/01/95

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

IMMEDICAL ECONOMICS
 Five Penn Plaza - New York, NY 10005-1742
 (212) 344-2728 Fax (212) 344-1756

84V/P/LEB/SJ/12/1/0001167

APOTHECON PRODUCTS
 BRISTOL-MEYER

P. O. BOX 4500
 PRINCETON NJ 08543-4500

PRODUCT NAME	QTY	UNIT	PRICE	DATE
K-LYTE CL (FRUIT PUNCH) TEF PO 25 MEQ 38's 84 POT BICARB/POT CL	01	RX	27.87	03/01/95
K-LYTE CL (FRUIT PUNCH) TEF PO 25 MEQ 38's 84 POT BICARB/POT CL	01	RX	88.25	03/01/95
K-LYTE DB (ORANGE) TEF PO 50 MEQ 38's 84 POT BICARB/POT CITR	01	RX	44.84	03/01/95
K-LYTE DB (ORANGE) TEF PO 50 MEQ 38's 84 POT BICARB/POT CITR	01	RX	132.48	03/01/95
K-LYTE/CL 50 (CITRUS) TEF PO 50 MEQ 38's 84 POT BICARB/POT CL	01	RX	44.84	03/01/95
KANTREX CAP PO 500 MG POT BICARB/POT CL KANTREX SULFATE	01	RX	34.41	06/23/92

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RED BOOK**PRODUCT LISTING VERIFICATION**

BMY/PLB/03/21/0001265

APOTHECON PRODUCTS
BRISTOL-MYERSP. O. BOX 4500
PRINCETON NJ 08543-4500Please Respond By: 09/15/95
Contact Name: DENISE KABZUBA
Contact Phone: (800) 631-5244MEDICAL ECONOMICS
One Paterson Office Building, NJ 07654-1743
(201) 396-2238 Fax (201) 354-1756

00003-0506-20	KENALOG CRE TP 0.12 15 00 00 TRIAMCINOLONE ACETONIDE	AT	01 RX	10.34	9.24	8.70	00	03/01/95
00003-0506-46	KENALOG CRE TP 0.12 00 00 00 TRIAMCINOLONE ACETONIDE	AT	01 RX	23.08	22.53	21.48	00	03/01/95
00003-0506-49	KENALOG CRE TP 0.12 00 00 00 TRIAMCINOLONE ACETONIDE	AT	01 RX	31.04	27.23	25.87	00	03/01/95
00003-0506-69	KENALOG CRE TP 0.12 3.25 16 00 TRIAMCINOLONE ACETONIDE	AT	01 RX	134.06	117.68	111.72	00	03/01/95
00003-1403-20	KENALOG CRE TP 0.52 20 00 00 TRIAMCINOLONE ACETONIDE	AT	01 RX	35.08	30.77	29.23	00	03/01/95
00003-0173-60	KENALOG LOT TP 0.0252 00 01 00 TRIAMCINOLONE ACETONIDE	AT	01 RX	29.32	25.89	24.08	00	03/01/95

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S. S. S. S.

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RED BOOK**PRODUCT LISTING VERIFICATION**

APOTHECON PRODUCTS
BRISTOL-MEYERS

P.O. BOX 4500
PRINCETON NJ 08543-4500

Please Respond By: 07/13/95
Contact Name: DENISE KASZUBA
Contact Phone: (609) 631-5244

IMMEDIATE RESPONSE
Five Bridges Drive • Morristown, NJ 07960-1712
(201) 524-2120 Fax (201) 524-1755

BMY/PUB016/1210001769

PRODUCT CODE	PRODUCT NAME	STRENGTH	UNIT	QTY	DATE
00003-0474-20	KEHALOO-10 (VIAL) INJ 10 10 MG/ML 5 01 04 TRIANGINOLONE ACETONIDE				03/01/95
00003-0293-05	KEHALOO-40 (VIAL) INJ 10 40 MG/ML 5 01 05 TRIANGINOLONE ACETONIDE				03/01/95
00003-0293-20	KEHALOO-40 (VIAL) INJ 10 40 MG/ML 5 01 05 TRIANGINOLONE ACETONIDE				03/01/95
00003-0293-20	KEHALOO-40 (VIAL) INJ 10 40 MG/ML 5 01 05 TRIANGINOLONE ACETONIDE				03/01/95
00007-0770-41	KLONTRIX TER PD 10 NEO 100 00 POTASSIUM CHLORIDE				03/01/95
00007-0770-42	KLONTRIX TER PD 10 NEO 100 00 POTASSIUM CHLORIDE				03/01/95

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7/29/04 3:21 PM

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RED BOOK**PRODUCT LISTING VERIFICATION**

APOTHECON PRODUCTS
BRISTOL-MYERS

P. O. BOX 4500
PRINCETON NJ 08543-4500

Please Respond By: 07/15/95
Contact Name: DENISE KABZUBA
Contact Phone: (800) 431-5244

WILMEDICAL ECONOMICS
Five Pleasant Ridge - Northvale, NJ 07645-1142
(201) 354-1128 Fax (201) 354-1134

BMY77LBR36/31/1/0001370

PRODUCT	BC	01	RX	X	20.13	24.67	33.44	.00	03/01/95
KLONIX TAB PO 10 MG 100's POTASSIUM CHLORIDE									
59772-3692-02 METOPROLOL TARTRATE TAB PO 50 MG 100's	AB	02	RX		41.70	36.85	34.82	.00	01/31/94
59772-3692-05 METOPROLOL TARTRATE TAB PO 50 MG 100's	AB	02	RX		413.51	362.73	344.39	.00	01/31/94
59772-3693-02 METOPROLOL TARTRATE TAB PO 100 MG 100's	AB	02	RX		62.70	55.87	52.32	.00	01/31/94
59772-3693-05 METOPROLOL TARTRATE TAB PO 100 MG 100's	AB	02	RX		421.41	345.87	317.84	.00	01/31/94
00007-0570-03 NUCUNY67 BOL. IN 200 100's ACETYLCHOLINE	AN	01	RX		79.87	64.80	61.56	.00	03/01/95

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BY INDICATE

73.9.2.7

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BMS10IG/7:000368

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BMSAWP/0005581

PRODUCT LISTING VERIFICATION

Please Respond By: 09/13/95
Contact Name: DENISE KASZUBA
Contact Phone: (800) 631-5244

BIOMEDICAL ECONOMICS
Five Parkway Drive • Montvale, NJ 07645-1122
(201) 358-2228 Fax (201) 358-1758

BMVZPLBMSU7J70091371.

APOTHECON PRODUCTS
BRISTOL-MEYER

P. O. BOX 4590
PRINCETON NJ 085434500

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James C. C.

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BMS10IG/7:0000369

HIGHLY CONFIDENTIAL

BMSAWP/0005582

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/13/95
 Contact Name: DENTSE KASZUBA
 Contact Phone: (800) 631-5244

IMMEDICAL ECONOMICS
 Five Pringle Drive • Monaca, NJ 07066-1172
 (201) 556-3788 Fax (201) 556-1158

BNY/PLB/036/12/0001372

APOTHECON PRODUCTS

BRISTOL-MEYER

P. O. BOX 4500

PRINCETON NJ 085404300

Product Code	Product Name	AT	01	RX	23.48	28.48	19.57	.00	03/01/95
00003-0566-68	MYCLOG-11 CRE TP 100.000 U/GH-0.11 30.98.00 HYSTATIN/TRIAM ACET	AT	01	RX	23.48	28.48	19.57	.00	03/01/95
00003-0566-65	MYCLOG-11 CRE TP 100.000 U/GH-0.11 40.00.04 HYSTATIN/TRIAM ACET	AT	01	RX	40.20	35.26	33.50	.00	03/01/95
00003-0466-30	MYCLOG-11 DIN TP 100.000 U/GH-0.11 15.00.00 HYSTATIN/TRIAM ACET	AT	01	RX	13.90	12.19	11.38	.00	03/01/95
00003-0466-40	MYCLOG-11 DIN TP 100.000 U/GH-0.11 30.98.00 HYSTATIN/TRIAM ACET	AT	01	RX	23.48	28.48	19.57	.00	03/01/95
00003-0466-65	MYCLOG-11 DIN TP 100.000 U/GH-0.11 40.00.04 HYSTATIN/TRIAM ACET	AT	01	RX	40.20	35.26	33.50	.00	03/01/95
00003-0500-10	MYCOSTATIN BUS PO 100.000 U/ML 10.01.00 HYSTATIN	AA	01	RX	129.54	107.95	107.95	.00	06/23/92

Instructions: Please make corrections directly on this printout.

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OK with changes

228627 8.22.95

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BMS10IG/7:0000370

BMSAWP/0005583

HIGHLY CONFIDENTIAL

PRODUCT LISTING VERIFICATION

Please Respond By: 07/15/95
Contact Name: DENISE KASZUBA
Contact Phone: (800) 691-5244

APOTHECON PRODUCTS
BRISTOL-MEYERS
P. O. BOX 4500
PRINCETON NJ 08541

								PRICE EFFECTIVE DATE
00003-0500-60	MYCOBASTIN SUB PO 100,000 U/ML 40 01.74 MYBASTIN	AA 01 RX	20.76	37.47	17.47	.00	06/23/92	
00003-0500-53	MYCOBASTIN TAB PO 300,000 U 100s 27 MYBASTIN	AA 01 RX	53.10	44.25	44.25	.00	06/23/92	
59772-2461-01	NADOLOL TAB PO 20 MG 100s 27 NADOLOL	AB 02 RX	69.50	60.97	57.92	.00	07/16/93	
59772-2461-02	NADOLOL (LUMINATIC) TAB PO 20 MG 100s 27 NADOLOL	AB 02 RX	75.05	65.80	62.54	.00	07/16/93	
59772-2462-01	NADOLOL TAB PO 40 MG 100s 27 NADOLOL	AB 02 RX	81.40	71.47	67.90	.00	07/16/93	
59772-2462-02	NADOLOL (LUMINATIC) TAB PO 40 MG 100s 27 NADOLOL	AB 02 RX	87.95	77.15	73.27	.00	07/16/93	

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Instructions: Please make corrections directly on this printout

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BMS10IG/7:0000371

BMSAWP/0005584

HIGHLY CONFIDENTIAL

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 07/15/95
 Contact Name: DENISE HAZZUBA
 Contact Phone: (800) 631-5244

MEMPHIS ECONOMICS
 Five Parkway Drive • Memphis, TN 38145-1741
 (901) 358-4220 Fax (901) 358-1758

BMS10IG/7:000372

APOTHECON PRODUCTS

BRISTOL-MEYER

P. O. BOX 4588
PRINCETON NJ 08543-4588

Product Code	Product Name	AB	B2 RX	161.95	142.86	134.96	.00	07/16/95
59772-2465-01	NAOOLOL TAB PO 168 MG 1888 00 NAOOLOL							
00015-7224-20	NAFCILLIN SODIUM INJECTION (VIAL) PO1 JU 500 MG 15 00 NAFCILLIN SODIUM	AP	B2 RX	1.72	1.50	1.43	.00	03/01/95
00015-7195-28	NAFCILLIN SODIUM INJECTION (P.B.) PO1 JU 1 GM 15 00 NAFCILLIN SODIUM	AP	B2 RX	4.50	3.95	3.75	.00	03/01/95
00015-7225-18	NAFCILLIN SODIUM INJECTION (ADD-VANTAGE) PO1 JU 1 GM 15 00 NAFCILLIN SODIUM	AP	B2 RX	3.82	3.35	3.10	.00	03/01/95
00015-7225-20	NAFCILLIN SODIUM INJECTION (VIAL) PO1 JU 1 GM 15 00 NAFCILLIN SODIUM	AP	B2 RX	3.24	2.84	2.78	.00	03/01/95
00015-7196-28	NAFCILLIN SODIUM INJECTION (P.B.) PO1 JU 2 GM 15 00 NAFCILLIN SODIUM	AP	B2 RX	9.42	6.27	7.85	.00	03/01/95

Instructions: Please make corrections directly on this printout.

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HIGHLY CONFIDENTIAL

BMSAWP/0005585

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/13/95
 Contact Name: DENISE KABZUBA
 Contact Phone: (800) 631-5244

IMMEDICAL ECONOMICS
 One Paces Drive • Newark, NJ 07105-1742
 (201) 554-2258 Fax (201) 554-1746

BMY/PLD03/6121/0001273

APOTHECON PRODUCTS
 BRISTOL-MEYERS

P. O. BOX 4500
 PRINCETON NJ 08543-4500

PRODUCT	AP	02 RX	6.43	5.64	5.36	.00	03/01/95
80015-7226-10 NAPICILLIN SODIUM INJECTION (ADD-VANTAGE) PDI 1U 2 GM 15 GM NAPICILLIN SODIUM	AP	02 RX	6.43	5.64	5.36	.00	03/01/95
80015-7226-20 NAPICILLIN SODIUM INJECTION (ADD-VANTAGE) PDI 1U 2 GM 15 GM NAPICILLIN SODIUM	AP	02 RX	6.43	5.64	5.36	.00	03/01/95
80015-7191-20 NAPICILLIN SODIUM INJECTION (ADD-VANTAGE) PDI 1U 10 GM 15 GM NAPICILLIN SODIUM	AP	02 RX	6.43	5.64	5.36	.00	03/01/95
80015-5601-40 MALDECON SYR PO 16 GM 50 CPH/PHENYLEPH/PPA/PHENYL TOL	01 RX	01 RX	51.98	45.60	43.32	.00	03/01/95
80015-5600-40 MALDECON TER PO 100 GM 50 CPH/PHENYLEPH/PPA/PHENYL TOL	01 RX	01 RX	78.49	77.29	75.33	.00	03/01/95
80015-5600-80 MALDECON TER PO 500 GM 50 CPH/PHENYLEPH/PPA/PHENYL TOL	01 RX	01 RX	439.87	385.85	366.56	.00	03/01/95

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KAGZUBA
 Contact Phone: (888) 631-5244

MEDICAL ECONOMICS
 Five Paxson Drive, Monroeville, NJ 07045-1142
 (201) 354-2720 Fax (201) 354-1758

BMYPL0036110001376

APOTHECON PRODUCTS
 BRISTOL-MEYER

P. O. BOX 4508
 PRINCETON NJ 085434508

00015-5615-38	HALDECOR PEDIATRIC 100mg/5ml 100mg/5ml CPH/PHENYLEPH/PPA/PHENYLITOL	01 RX	29.41	17.93	17.93	00	03/01/95
00015-5614-60	HALDECOR PEDIATRIC SYR PO 100mg/5ml CPH/PHENYLEPH/PPA/PHENYLITOL	01 RX	48.32	42.39	48.27	00	03/01/95
00015-5607-01	HALDECOR SENIOR DX L10 PO 10 MG-200 MG/5 ML 4.02 mg ON/00	07 OTC	4.72	3.93	3.93	00	06/23/92
00015-5658-01	HALDECOR SENIOR EX L10 PO 200 MG/5 ML 4.02 mg QUATIFENESIN	07 OTC	4.72	3.93	3.93	00	06/23/92
00015-5661-40	HALDECOR-CX ADULT L10 PO 10 MG-200 MG-12.5 MG/5ML 12.5 mg CODEINE/00/PPA	01 CV	6.52	5.22	5.22	00	03/08/93
00015-5661-60	HALDECOR-CX ADULT L10 PO 10 MG-200 MG-12.5 MG/5ML 12.5 mg CODEINE/00/PPA	01 CV	23.39	18.74	18.74	00	03/08/93

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RED BOOK**PRODUCT LISTING VERIFICATION**

APOTHECON PRODUCTS
BRISTOL-MEYER

P.O. BOX 4588
PRINCETON NJ 085434588

PHARMEDICAL ECONOMICS
Five Princes Drive • Monmouth, NJ 07042-1702
(609) 546-2222 Fax (609) 546-1708

Please Respond By: 09/15/95
Contact Name: DENISE KARBUBA
Contact Phone: (800) 631-5244

PRODUCT	DESCRIPTION	UNIT	PRICE	EFFECTIVE DATE
00015-3685-30	HALDECONE-EX PEDIATRIC (DROPS) LTO PO 50 MG-6.25 MG/ML 30 ml 00 00/PPA	07 OTC	6.48	06/23/92
00003-0618-50	NATURETIN-10 TAB PO 10 MG 100 00 BENDROFLUMETHIAZIDE	01 RX	125.47	03/01/95
00003-0606-50	NATURETIN-5 TAB PO 5 MG 100 00 BENDROFLUMETHIAZIDE	01 RX	81.53	03/01/95
00003-0611-30	NIACIN TAB PO 50 MG 100 00 NIACIN	08 OTC	1.64	03/01/95
00003-0612-50	NIACIN TAB PO 100 MG 100 00 NIACIN	08 OTC	1.92	03/01/95
00003-0537-50	NIACIN TAB PO 500 MG 100 00 NIACIN	08 OTC	6.23	03/01/95

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BMY/PLR/06/12/0001376

APOTHECON PRODUCTS
BRISTOL-MEYERSP. O. BOX 4589
PRINCETON NJ 08543-4589**RED BOOK**

PRODUCT LISTING VERIFICATION

MEDICAL ECONOMICS
Five Penn Plaza Drive • Manhattan, NY 10066-1703
(201) 358-2238 Fax (201) 358-1756

Please Respond By: 09/15/95

Contact Name: DENISE KASZUBA

Contact Phone: (800) 631-5244

00003-0526-20	NITRAZINE PAPER YES 15.00 URINE TEST, PH	03 OTC	19.48	16.23	16.23	.00	06/23/92
00003-0526-50	NITRAZINE PAPER YES 15.00 URINE TEST, PH	03 OTC	66.17	35.14	35.14	.00	06/23/92
00003-0643-50	HYDRAZID (VIAL) 100 MG/ML 18.01 18.01 18.01 18.01	01 RX	15.22	12.60	12.60	.00	03/01/94
00003-0646-30	OPHTHAINE SOL OP 0.5% 15.01 15.01 PROPRACATHE HYDROCHLORIDE	01 RX	15.86	13.22	13.22	.00	03/01/95
00015-7985-40	OXACILLIN PDR PO 250 MG/5 ML 100.01 100.01 OXACILLIN SODIUM	02 RX	14.50	12.79	12.15	.00	06/23/92
00015-7979-20	OXACILLIN SODIUM INJECTION (VIAL) PDR IJ 500 MG 10.00 10.00 OXACILLIN SODIUM	02 RX	1.76	1.72	1.63	.00	03/01/95

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 07/15/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

BIMEDICAL ECONOMICS
 Five Person Drive • Montvale, NJ 07645-1743
 (201) 354-2228 Fax (201) 354-1750

BMV/PLB/03/01/21/00431377

APOTHECON PRODUCTS
 BRISTOL-MEYERS

P. O. BOX 4500
 PRINCETON NJ 085434500

PRODUCT CODE	DESCRIPTION	AP	02 RX	3.95	3.46	3.29	00	03/01/95
00015-7981-18	OXACILLIN SODIUM INJECTION (ADD-VANTAGE) PDI 1J 1 GM 15.00 OXACILLIN SODIUM	AP	02 RX	3.95	3.46	3.29	00	03/01/95
00015-7981-20	OXACILLIN SODIUM INJECTION (TOTAL) PDI 1J 1 GM 15.00 OXACILLIN SODIUM	AP	02 RX	3.92	3.35	3.10	00	03/01/95
00015-7981-28	OXACILLIN SODIUM INJECTION (PDI 1J 1 GM 15.00 OXACILLIN SODIUM	AP	02 RX	5.15	4.52	4.29	00	03/01/95
00015-7970-18	OXACILLIN SODIUM INJECTION (ADD-VANTAGE) PDI 1J 2 GM 15.00 OXACILLIN SODIUM	AP	02 RX	7.46	6.54	6.22	00	03/01/95
00015-7970-20	OXACILLIN SODIUM INJECTION (TOTAL) PDI 1J 2 GM 15.00 OXACILLIN SODIUM	AP	02 RX	7.33	6.43	6.11	00	03/01/95
00015-7970-28	OXACILLIN SODIUM INJECTION (PDI 1J 2 GM 15.00 OXACILLIN SODIUM	AP	02 RX	8.66	7.68	7.22	00	03/01/95

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RED BOOK**PRODUCT LISTING VERIFICATION**

BMY/PLB/31/0001289
 APOTHECON PRODUCTS
 BRISTOL-MEYER

P. O. BOX 4300
 PRINCETON NJ 08543-4300

Please Respond By: 09/15/93
 Contact Name: DENISE KASZURA
 Contact Phone: (800) 631-5244

■ MEDICAL ECONOMICS
 Five Penn Plaza • Montvale, NJ 07645-1712
 (201) 261-2128 Fax (201) 261-1158

AP	02	RX	47.15	41.36	37.29	.00	03/01/93
OXACILLIN SODIUM INJECTION 1000 MG/100 ML POI 10 10 GM OXACILLIN SODIUM							
AP	02	RX	2.63	2.19	2.19	.00	03/01/94
PENICILLIN G POTASSIUM INJECTION POI 10 5 MILLION U PENICILLIN G POTASSIUM							
AP	02	RX	5.33	5.33	5.33	.00	06/23/92
PENICILLIN G POTASSIUM INJECTION POI 10 10 MILLION U PENICILLIN G POTASSIUM							
AP	02	RX	1.86	1.86	1.86	.00	06/23/92
PENICILLIN G POTASSIUM INJECTION POI 10 1 MILLION U PENICILLIN G POTASSIUM							
AP	02	RX	7.27	6.86	6.86	.00	03/01/94
PENICILLIN G POTASSIUM INJECTION POI 10 20 MILLION U PENICILLIN G POTASSIUM							
EE	02	RX	3.28	3.28	3.28	.00	06/23/92
PENICILLIN G SODIUM INJECTION POI 10 5 MILLION U PENICILLIN G SODIUM							

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PRODUCT LISTING VERIFICATION

STATISTICAL INFORMATION

Evon Paronen Design & Development, LLC 07545-1742

1222-5511 (2011) 1222-5511 (2011)

0011-0000/94/0000-0000\$10.00/0

Company Name: KANZAK ASSINAD

Contact Phone: (888) 631-5244

00003-0122-58	00003-0122-51	00003-0122-60	00003-0134-50	00003-0134-51	00003-0134-60
PRINCIPEN CAP PO 250 MG 100% PO AMPCILLIN	PRINCIPEN (UNIMATIC) CAP PO 250 MG 100% PO AMPCILLIN	PRINCIPEN CAP PO 250 MG 100% PO AMPCILLIN	PRINCIPEN CAP PO 500 MG 100% PO AMPCILLIN	PRINCIPEN (UNIMATIC) CAP PO 500 MG 100% PO AMPCILLIN	PRINCIPEN CAP PO 500 MG 100% PO AMPCILLIN
AB	AB	AB	AB	AB	AB
05 RX	05 RX	05 RX	05 RX	05 RX	05 RX
11.26	11.26	39.88	16.99	16.99	72.78
9.87	9.87	34.98	14.91	14.91	63.84
9.38	9.38	33.23	14.16	14.16	60.65
08/03/93	08/03/93	08/03/93	08/03/93	08/03/93	08/03/93

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RED BOOK

PRODUCT LISTING VERIFICATION

APOTHECON PRODUCTS

BRISTOL-MEYER

Р. 0 10X 1309

MD13CHIN
FACINCEYON HJ 905434500

01/09/95 08:15/95

John Deere

 Contact Name: DENISE KASZUBA
 8572847 381330

IMMEDIATE ECONOMICS

201-574-1762

722.55 (102) 712.175

									PRICE EFFECTIVE DATE
00003-0625-39	PROLIXIN ELI PO 2.5 MG/5 ML 473 ml FLUPHENAZINE HYDROCHLORIDE	AA	01	RX	138.35	121.30	115.25	.00	03/01/94
00003-0586-38	PROLIXIN (TOTAL) INJ 10 2.5 MG/ML 10 ml FLUPHENAZINE HYDROCHLORIDE	AP	01	RX	56.83	47.85	47.36	.00	03/01/95
00003-0863-38	PROLIXIN TAB PO 1 MG 1000 mg FLUPHENAZINE HYDROCHLORIDE	AB	01	RX	77.70	69.92	66.42	.00	03/01/94
00003-0864-39	PROLIXIN TAB PO - 2.5 MG 1000 mg FLUPHENAZINE HYDROCHLORIDE	AB	01	RX	113.83	99.15	94.19	.00	03/01/94
00003-0877-38	PROLIXIN TAB PO 5 MG 1000 mg FLUPHENAZINE HYDROCHLORIDE	AB	01	RX	145.00	127.89	121.50	.00	03/01/94
00003-0877-52	PROLIXIN (UNITATIC) TAB PO 5 MG 1000 mg FLUPHENAZINE HYDROCHLORIDE	AB	01	RX	158.68	145.95	133.98	.00	03/01/94

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE HASZUBA
 Contact Phone: (800) 631-5244

MINIEMICAL, INCORPORATED
 Five Putnam Drive • Monrovia, CA 91764-1702
 (201) 551-4225 Fax (201) 551-1758

APOTHECON PRODUCTS
 BRIGHTON-MEYERS

P. O. BOX 4390
 PRINCETON NJ 08543-4390

CATALOG NUMBER	PRODUCT NAME, STRENGTH, DOSAGE, AND FORM	UNIT OF MEASURE	QUANTITY	DATE	PRICE EFFECTIVE DATE
00003-0754-50	PROLIXIN TAB PO 10 MG 100s ea FLUPHENAZINE HYDROCHLORIDE	AB	01 RX	189.77	158.14
00003-0756-52	PROLIXIN (LUMINATIC) TAB PO 10 MG 100s ea FLUPHENAZINE HYDROCHLORIDE	AB	01 RX	209.22	174.35
00003-0569-02	PROLIXIN DECANOATE (LUMIN) INJ IJ 25 MG/ML 100s ea FLUPHENAZINE DECANOATE	AD	01 RX	22.34	18.62
00003-0569-15	PROLIXIN DECANOATE (LUMIN) INJ IJ 35 MG/ML 100s ea FLUPHENAZINE DECANOATE	AD	01 RX	99.60	83.00
00003-0824-05	PROLIXIN ENANTHATE (LUMIN) INJ IJ 25 MG/ML 100s ea FLUPHENAZINE ENANTHATE	01	RX	106.10	88.42
00003-0758-50	PROQUESTYL CAP PO 250 MG 100s ea PROCATINAMIDE HYDROCHLORIDE	AB	01 RX	51.77	43.14

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APOTHECON PRODUCTS
BRISTOL-MEYER
P. O. BOX 4500
PRINCETON NJ 0854

RED BOOK

PRODUCT LISTING VERIFICATION

BIOMEDICAL ECONOMICS
Five Paragon Drive • Montvale, NJ 07645-1747
(201) 354-2220 Fax (201) 354-1756

Please Respond By: 09/15/95
Contact Name: DENISE KASZURA
Contact Phone: (800) 631-5244

								PRICE EFFECTIVE DATE
000003-0756-30	PRONESTYL CAP PO 375 MG 1000.00 PROCAINAMIDE HYDROCHLORIDE	AB	01	RX	71.00	62.98	57.83	83/01/95
000003-0757-30	PRONESTYL CAP PO 500 MG 1000.00 PROCAINAMIDE HYDROCHLORIDE	AB	01	RX	93.22	81.77	77.48	83/01/95
000003-0759-20	PRONESTYL TOTAL IU 100 MG/ML 100.00 100.00 PROCAINAMIDE HYDROCHLORIDE	AP	01	RX	34.98	30.65	29.15	83/01/95
000003-1443-04	PRONESTYL TOTAL IU 500 MG/ML 200.00 200.00 PROCAINAMIDE HYDROCHLORIDE	AP	01	RX	34.98	30.65	29.15	83/01/95
000003-0431-30	PRONESTYL TAB PO 250 MG 1000.00 1000.00 PROCAINAMIDE HYDROCHLORIDE	01	RX		51.77	45.41	43.14	83/01/95
000003-0434-30	PRONESTYL TAB PO 375 MG 1000.00 1000.00 PROCAINAMIDE HYDROCHLORIDE	01	RX		71.80	62.98	59.83	83/01/95

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UV-light

22/10/2024

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BMS10IG/7:000385

APOTHECON PRODUCTS
BRIEFING-MEYERSP. O. BOX 4500
PRINCETON NJ 085434500**RED BOOK****PRODUCT LISTING VERIFICATION**BIMEDICAL ECONOMICS
For Product Order: Princeton, NJ 08543-1141
(201) 334-2222 FAX (201) 334-1754Please Respond By: 09/15/95
Contact Name: DENISE KASZUBA
Contact Phone: (800) 631-5244

PRODUCT	DESCRIPTION	AB	B2	RX	36.31	33.78	32.87	.88	06/23/92
88883-8171-50	SHZ-TNP TAB PO 800 MG-160 MG 100% 03 SHZ/TNP	AB	B2	RX	36.31	33.78	32.87	.88	06/23/92
88883-8171-60	SHZ-TNP TAB PO 800 MG-160 MG 500% 03 SHZ/TNP	AB	B2	RX	192.87	168.42	152.39	.88	06/23/92
88883-8840-10	SPEC-T SOKE THROAT ANESTHETIC LOZ PO 10 MG 100% 03 BENZOCANINE	B7	OTC		1.27	1.04	1.06	0.88	06/23/92
88883-8813-50	SPEC-T SORE THROAT/COUGH LOZ PO 10 MG-10 MG 100% 03 BENZOCANINE	B7	OTC		1.27	1.04	1.06	0.88	06/23/92
88883-8841-50	SPEC-T SORE THROAT/DECONGESTANT LOZ PO 10 MG-10 MG 100% 03 BENZOCANINE	B7	OTC		1.27	1.04	1.06	0.88	06/23/92
88815-6445-20	BTADOL (VIAL) INJ 10 1 MG/ML 100% 03 BUTORPHANOL TARTRATE	B1	RX		7.33	6.41	6.87	.88	03/31/93

Trade Secret CONFIDENTIAL

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Denise Kaszuba

8-22-95

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BMSAWP/0005598

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

REPHARMACEUTICALS
 New Pargen Drug - 400mg/ml, 800mg/ml
 (201) 382-2220 Fax (201) 382-1754

BMY77/LEB03/01/0001134

APOTHECON PRODUCTS
 BRISTOL-MEYERS
 P. O. BOX 4500
 PRINCETON NJ 08543-4500

NO. CAN/MADE IN PATENT NO.	DESCRIPTION	01 RX	12.98	11.37	14.82	00	PRICE EFFECTIVE DATE
00015-3644-20	STADOL (VIAL) INJ 10 2 MG/ML 2.51 00 BUTORPHANOL TARTRATE	01 RX	12.98	11.37	14.82	00	03/01/95
00015-3646-20	STADOL (VIAL) INJ 10 2 MG/ML 1.51 00 BUTORPHANOL TARTRATE	01 RX	7.62	6.68	6.35	00	03/01/95
00015-3648-20	STADOL (VIAL) INJ 10 2 MG/ML 10.51 00 BUTORPHANOL TARTRATE	01 RX	66.26	59.13	55.22	00	03/01/95
00015-7961-20	STAPHICILLIN PDI 10 1 GM 15 00 METHICILLIN SODIUM	01 RX	5.53	4.85	4.61	00	03/01/95
00015-7964-20	STAPHICILLIN PDI 10 4 GM 15 00 METHICILLIN SODIUM	01 RX	20.15	17.67	16.79	00	03/01/95
00015-7102-20	STAPHICILLIN (BULK VIAL) PDI 10 10 GM 15 00 METHICILLIN SODIUM	01 RX	53.33	46.70	44.44	00	03/01/95

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Instructions: Please make corrections directly on this printout.

X OK as is

OK with changes

8.2.2002 7:1

HIGHLY CONFIDENTIAL

BMSAWP/0005599

RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/13/99
 Contact Name: DENISE KASZUBA
 Contact Phone: (800) 631-5244

PHARMACEUTICAL ECONOMICS
 Five Poppen Drive • Monroeville, NJ 07045-1742
 (201) 364-2239 Fax (201) 364-1754

BMY/PL 8030712/0001320

APOTHECON PRODUCTS
 BRYSTOL-MYERS

P. O. BOX 4500
 PRINCETON, NJ 08543-4500

BMY/PL	PRODUCT	AB	OS	RX	5.39	4.73	4.49	.00	03/01/94
00003-0455-40	BUNYGIN CAP PO 250 MG 1000's TETRACYCLINE HYDROCHLORIDE	AB	OS	RX					
00003-0455-46	BUNYGIN (UNITATIC) CAP PO 250 MG 1000's TETRACYCLINE HYDROCHLORIDE	AB	OS	RX	5.39	4.73	4.49	.00	03/01/94
00003-0455-60	BUNYGIN CAP PO 250 MG 1000's TETRACYCLINE HYDROCHLORIDE	AB	OS	RX	40.89	42.88	40.74	.00	03/01/94
00003-0763-40	BUNYGIN CAP PO 500 MG 1000's TETRACYCLINE HYDROCHLORIDE	AB	OS	RX	10.40	9.19	0.73	.00	03/01/94
00003-0763-50	BUNYGIN CAP PO 500 MG 500's TETRACYCLINE HYDROCHLORIDE	AB	OS	RX	40.26	42.34	40.22	.00	03/01/94
00003-0815-50	BUNYGIN STR PO 125 MG/5 ML 473's TETRACYCLINE	AB	OS	RX	10.42	9.14	0.60	.00	03/01/94

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239/2/99

2 10 73

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BMSAWP/0005600

BMS10IG/7:0000388

RED BOOK**PRODUCT LISTING VERIFICATION**APOTHECON PRODUCTS
BRISTOL-MEYERP.O. BOX 4580
PRINCETON NJ 08543-4580Please Respond By: 09/15/73
Contact Name: DENISE KASZUBA
Contact Phone: (800) 631-3244WILMINGTON, DELAWARE
For Patagon Drive, Montvale, NJ 07645-1710
(201) 338-3228 Fax (201) 338-1758

RECHARGE CARTIDGE NUMBER	DESCRIPTION	QTY	UNIT	PRICE EFFECTIVE DATE	WAC	SEP	PRICE EFFECTIVE DATE
00003-0663-45	SUNYCIN TAB PO 250 MG 100's ea TETRACYCLINE HYDROCHLORIDE	85	RX	5.38	4.73	4.49	03/01/94
00003-0663-75	SUNYCIN TAB PO 250 MG 100's ea TETRACYCLINE HYDROCHLORIDE	95	RX	49.87	42.88	40.74	03/01/94
00003-0663-43	SUNYCIN TAB PO 500 MG 100's ea TETRACYCLINE HYDROCHLORIDE	95	RX	19.46	9.19	8.73	03/01/94
00003-0603-50	SUNYCIN TAB PO 500 MG 500's ea TETRACYCLINE HYDROCHLORIDE	05	RX	40.26	42.34	40.22	03/01/94
00003-0535-40	THERAGRAH HEMATINIC TAB PO 90's ea FE FUM/FOLIC ACID/VIT. MULTI	01	RX	38.66	25.55	25.55	06/03/92
00003-2725-10	TOBRAMYCIN SULFATE INJAL 40 MG/ML 2.01, 255.02 TOBRAMYCIN SULFATE	AP	RX	131.10	109.25	109.25	03/01/94

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8-2-2003

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/95
 Contact Name: DEH302 WAGZUSA
 Contact Phone: (888) 631-5244

PHARMEDICAL ECONOMICS
 Five Parkway Drive • Memphis, TN 38115-1712
 (901) 333-2215 Fax (901) 333-1715

BMS10IG/7:000391

APOTHECON PRODUCTS

Bristol-Myers

P. O. BOX 4500
 PRINCETON, NJ 08543-4500

Product Code	Product Name	AB	BS	RX	Price	Effective Date
00003-1738-30	TRIMOX PDR PO 250 MG/S ML 100 # 100 AMOXICILLIN	AB	BS	RX	5.10	08/03/93
00003-1738-40	TRIMOX PDR PO 250 MG/S ML 100 # 100 AMOXICILLIN	AB	BS	RX	5.04	08/03/93
00003-1738-45	TRIMOX PDR PO 250 MG/S ML 100 # 100 AMOXICILLIN	AB	BS	RX	5.95	08/03/93
00003-0938-15	TUBOCURARINE CHLORIDE INJECTION (VIAL) 10 # 10 3 MG/ML TUBOCURARINE CHLORIDE	AP	BS	RX	8.22	03/01/94
00003-0938-05	TUBOCURARINE CHLORIDE INJECTION (VIAL) 10 # 10 3 MG/ML TUBOCURARINE CHLORIDE	AP	BS	RX	15.22	03/01/94
10007-0543-01	VASODILAN TAB PO 10 MG 100 # 00 TUBOCURARINE HYDROCHLORIDE	BS	BS	RX	29.98	03/01/95

Instructions: Please make corrections directly on this printout.

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B. B. B.

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RED BOOK**PRODUCT LISTING VERIFICATION**

Pharmaceutical Economics
Five Penn Plaza • New York, NY 10119-1732
(201) 554-2220 fax (201) 554-1734

Please Respond By: 08/15/93
Contact Name: DENISE KASZUBA
Contact Phone: (800) 631-5244

BMY/P18036/11/000134

APOTHECON PRODUCTS
BRISTOL-MEYERS

P. O. BOX 4580
PRINCETON NJ 085434580

							PRICE EFFECTIVE DATE
00003-0602-54	VEETIOS FOR PO 250 MG/5 ML 200 ml PENICILLIN V POTASSIUM	AA 05 RX	3.44	3.19	3.93	.00	08/03/93
00003-0115-50	VEETIOS TAB PO 250 MG 100's PENICILLIN V POTASSIUM	AB 05 RX	6.04	6.00	5.78	.00	08/03/93
00003-0115-75	VEETIOS TAB PO 250 MG 100's PENICILLIN V POTASSIUM	AB 05 RX	57.44	50.39	47.07	.00	08/03/93
00003-0116-50	VEETIOS TAB PO 500 MG 100's PENICILLIN V POTASSIUM	AB 05 RX	13.01	11.41	10.84	.00	08/03/93
00003-0116-75	VEETIOS TAB PO 500 MG 100's PENICILLIN V POTASSIUM	AB 05 RX	92.95	81.54	77.46	.00	08/03/93
10003-0113-24	VELOCEF CAP PO 250 MG 24's CEPHRADINE	AB 01 RX	28.74	18.19	17.20	.00	03/08/93

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RED BOOK**PRODUCT LISTING VERIFICATION**

Please Respond By: 09/15/93
 Contact Name: DENISE KABZUBA
 Contact Phone: (800) 631-3244

MMEDICAL ECONOMICS
 Five Bridges Drive, Monmouth, NJ 08064-1112
 (201) 534-225 Fax (201) 534-1758

BMS10IG/7:000393

APOTHECON PRODUCTS
 BRISTOL-MEYER

P. O. BOX 4389
 PRINCETON NJ 085434389

PRODUCT	AB	B1	RX	82.35	72.41	68.79	.00	03/08/93
00003-0113-30 VELOREF CAP PO 250 MG 100% ⁹³ CEPHRADINE	AB	B1	RX	82.35	72.41	68.79	.00	03/08/93
00003-0114-26 VELOREF CAP PO 300 MG 141 ⁹⁴ CEPHRADINE	AB	B1	RX	48.81	35.08	34.81	.00	03/08/93
00003-0114-30 VELOREF CAP PO 500 MG 100% ⁹³ CEPHRADINE	AB	B1	RX	142.13	142.22	135.11	.00	03/08/93
00003-1173-30 VELOREF POR PO 125 MG/5 ML 100 ⁹¹ ⁹⁴ CEPHRADINE	AB	B1	RX	9.85	7.94	7.54	.00	03/08/93
00003-1173-00 VELOREF POR PO 125 MG/5 ML 200 ⁹¹ ⁹² CEPHRADINE	AB	B1	RX	17.89	13.69	14.91	.00	03/08/93
00003-1174-30 VELOREF POR PO 250 MG/5 ML 100 ⁹¹ ⁹² CEPHRADINE	AB	B1	RX	16.98	14.89	14.13	.00	03/08/93

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APOTHECON PRODUCTS
BRISTOL-MEYER SQUARED
P. O. BOX 4500
PRINCETON NJ 085434500

RED BOOK

PRODUCT LISTING VERIFICATION

20 MEDICAL ECONOMICS
Five Paragon Drive • Monmouth, NJ 07845
(201) 358-2328 Fax (201) 358-1756

Please Respond By: 09/15/93
Contact Name: DENISE KASZUBA
Contact Phone: (800) 631-5244

								PRICE EFFECTIVE DATE
00003-1174-00	VELOSEF POR PO 250 MG/5 ML 200 g CEPHRADINE	AB	01 RX	33.42	29.49	28.02	.00	83/08/93
00003-0707-70	VEBPRI (VIAL) INJ 10 MG/ML 10 g TRIFLUPROMAZINE HYDROCHLORIDE		01 RX	45.62	40.02	38.02	.00	86/23/92
00003-0920-20	VEBPRI (VIAL) INJ 20 MG/ML 10 g TRIFLUPROMAZINE HYDROCHLORIDE		01 RX	12.48	10.95	10.40	.00	86/23/92

Instructions: Please make corrections directly on this printout.
XOK 23/3 :OK with changes.

Charles Good

8:25:53

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BMSAWP/0005607

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RED BOOK

a publication of United Therapeutics Corporation

MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following information to ensure that your organization is properly listed in the 1996 Red Book. Please make changes directly on this form.

APOTHECON PRODUCTS

Manufacturer Name

P. O. BOX 4500

Address

PRINCETON

NJ

08543-4500

City

State

Zip Code

DENISE KASZUBA

Contact Name (not published)

(800) 631-5244

800 Number

(609) 897-4741

Main Telephone Number

(800) 523-2965

Fax Number

☒ OK as is☐ OK with changes

Barbara Goff
Signature

9-7-95
Date

If you have any questions, please call (201) 358-2228

BMY/71.B/036/121/0001297

FIVE PARAGON DRIVE • MONTVALE • NEW JERSEY 07045 • 201 358-7500

Trade Secret CONFIDENTIAL

BMS10IG/7:000395

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BMSAWP/0005608

EXHIBIT 15

Dianne C. Ihling

August 12, 2005

New York, NY

1

THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS
MDL Docket No. 01Cv12257-PBS

-----*

In re: PHARMACEUTICAL INDUSTRY)
AVERAGE WHOLESALE PRICE)
LITIGATION)

-----*

THIS DOCUMENT RELATES TO:)
ALL ACTIONS)

-----*

Friday, August 12, 2005

New York, New York

Time: 9:06 a.m.

Deposition of DIANNE C. IHLING, held at
the offices of Hogan & Hartson, LLP, 875 Third
Avenue, New York, New York, as taken before
Josephine H. Fassett, a Shorthand Reporter and
Notary Public of the State of New York.

Henderson Legal Services
(202) 220-4158

Dianne C. Ihling

August 12, 2005

New York, NY

<p style="text-align: right;">90</p> <p>1 whether it was 20 or 25 percent?</p> <p>2 A No.</p> <p>3 Q How about for Redbook, are you</p> <p>4 familiar with the markup factor applied by</p> <p>5 Redbook?</p> <p>6 A I always assumed that it was the</p> <p>7 same but I don't know, I don't know specifically.</p> <p>8 Q Okay. And did you at any point in</p> <p>9 time in your responsibilities as Director of</p> <p>10 Pricing and Institutional Operations work with the</p> <p>11 publications on determining that markup factor?</p> <p>12 A No, never.</p> <p>13 Q How are AWP's used in the industry</p> <p>14 based on your experience?</p> <p>15 MR. EDWARDS: Object to the form.</p> <p>16 Used by who?</p> <p>17 MR. MATT: Just, you know,</p> <p>18 industry -- well, strike that, I'll be more</p> <p>19 specific.</p> <p>20 BY MR. MATT:</p> <p>21 Q Would you agree that during the time</p> <p>22 you were employed by BMS that governmental and</p>	<p style="text-align: right;">92</p> <p>1 MR. MATT: I didn't finish it.</p> <p>2 BY MR. MATT:</p> <p>3 Q Are you aware that Medicare used it</p> <p>4 as a reimbursement benchmark in its formula</p> <p>5 reimbursing for Part B drugs?</p> <p>6 MR. EDWARDS: Objection.</p> <p>7 A I'm vaguely aware of that, I don't</p> <p>8 have specific knowledge of it.</p> <p>9 Q So you're more familiar with the use</p> <p>10 of AWP to have at the pharmacy level because of</p> <p>11 your prior experience working at CareMark or, I'm</p> <p>12 sorry, PCS?</p> <p>13 A I am more familiar with the</p> <p>14 reimbursement constructs of a large PBM.</p> <p>15 Q In your experience they were all</p> <p>16 based on AWP, correct?</p> <p>17 A To the best of my recollection.</p> <p>18 MR. EDWARDS: Objection. Note my</p> <p>19 objection.</p> <p>20 Go ahead.</p> <p>21 Q To the best of your recollection</p> <p>22 yes?</p>
<p style="text-align: right;">91</p> <p>1 private payers had adopted an industry practice of</p> <p>2 using AWP's as a benchmark for determining</p> <p>3 reimbursement rates?</p> <p>4 MR. EDWARDS: Object to the form.</p> <p>5 It assumes facts not in evidence.</p> <p>6 Go ahead.</p> <p>7 THE WITNESS: Go ahead?</p> <p>8 MR. EDWARDS: Yes.</p> <p>9 A Okay. During the time that I was</p> <p>10 employed by Bristol-Myers Squibb and prior to that</p> <p>11 the figure known as Average Wholesale Price was</p> <p>12 used as, to my knowledge, as a benchmark when</p> <p>13 reimbursing when -- sorry -- when people went to</p> <p>14 the pharmacy to buy their drug product.</p> <p>15 Q So you're familiar that Medicare</p> <p>16 used it as a reimbursement?</p> <p>17 A I don't have specific knowledge.</p> <p>18 MR. EDWARDS: Object.</p> <p>19 Let's hear the end of the</p> <p>20 question. You sort of mumbled at the end</p> <p>21 of your question and I want to make sure</p> <p>22 I understand the question.</p>	<p style="text-align: right;">93</p> <p>1 A To the best of my recollection most</p> <p>2 pharmacy, most PBM formulas are an AWP-based</p> <p>3 formula.</p> <p>4 Q Did you or anyone under your</p> <p>5 supervision ever conduct a survey of wholesalers</p> <p>6 in order to determine whether the market factors</p> <p>7 applied by the publishers to the BMS list prices</p> <p>8 were accurate in that they reflected the real</p> <p>9 prices in the marketplace?</p> <p>10 MR. EDWARDS: Objection. Assumes</p> <p>11 facts not in evidence.</p> <p>12 Go ahead.</p> <p>13 A I don't believe so.</p> <p>14 Q You just don't recall whether that</p> <p>15 was ever done under your supervision?</p> <p>16 A I don't recall and I don't believe</p> <p>17 that -- I don't believe that was done by anyone in</p> <p>18 my department.</p> <p>19 Q Okay. Is there a particular reason</p> <p>20 why it was not done?</p> <p>21 A I don't -- I mean, the company</p> <p>22 doesn't set AWP so I --</p>

EXHIBIT 16

Christof A. Marre **HIGHLY CONFIDENTIAL**
Cambridge, MA

August 26, 2005

1

UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS

NO. 01CV12257-PBS

In re: PHARMACEUTICAL)

INDUSTRY AVERAGE WHOLESALE)

PRICE LITIGATION)

THIS DOCUMENT RELATES TO:)

ALL ACTIONS)

DEPOSITION of CHRISTOF A. MARRE,

called as a witness by and on behalf of the

Plaintiffs, pursuant to the applicable provisions

of the Federal Rules of Civil Procedure, before P.

Jodi Ohnemus, Notary Public, Certified Shorthand

Reporter, Certified Realtime Reporter, and

Registered Merit Reporter, within and for the

Commonwealth of Massachusetts, at the offices of

Hagens, Berman, Sobol, Shapiro, LLP, One Main

Street, Cambridge, Massachusetts, on Friday, 26

August, 2005, commencing at 8:40 a.m.

Henderson Legal Services
(202) 220-4158

Christof A. Marre

HIGHLY CONFIDENTIAL
Cambridge, MA

August 26, 2005

<p style="text-align: right;">26</p> <p>1 BMS. We discussed pricing for other multisource 2 products. We discussed private label strategies. 3 We also discussed generic defense strategies for 4 Paraplatin. 5 Q. How often would you communicate with these 6 individuals at OTN? 7 A. Typically, once or twice a week. 8 Q. Have you heard of the phrase One BMS? 9 A. Yes. 10 Q. And what does that mean to you? 11 A. I believe this phrase was coined by Peter 12 Dolan shortly after he became CEO, and the idea was 13 to have the different parts that make up BMS work 14 together as one company. 15 Q. And is it your understanding that applied 16 to BMS and OTN? 17 A. Yes. 18 Q. OTN was a wholly-owned subsidiary of BMS 19 at the time you worked there, right? 20 A. Right. 21 Q. Did you work with the BMS oncology sales 22 force?</p>	<p style="text-align: right;">28</p> <p>1 Q. Oh, ride-along -- 2 A. Yes. 3 Q. -- to visits with the clients? 4 A. Correct. 5 Q. So, have you visited clients with 6 office-based oncology clients before? 7 A. Yes, both office-based and hospital-based 8 oncology. 9 Q. On the visits that you were participating 10 in, what did you learn about the concerns of the 11 office-based oncology physicians and staff? 12 A. In which of my functions? 13 Q. Still sticking with the marketing manager 14 function. 15 A. Okay. We would learn more about how 16 physicians make decisions when they treat patients 17 with any of the tumor types that I was responsible 18 for. 19 Q. Did you discuss pricing? 20 A. No. 21 Q. No. When you use the acronym, "POA," is 22 that an acronym for plan of attack?</p>
<p style="text-align: right;">27</p> <p>1 A. I did. 2 Q. And can you please describe the nature of 3 your work with the sales force. 4 A. In which of my capacities? 5 Q. Start with the first one, marketing 6 manager. 7 A. As a marketing manager, one of my roles 8 was to create tactics and programs that could be 9 used by our sales force. The main interaction with 10 the sales force was during the POA meetings, which 11 are the sales meetings which take place twice a 12 year where I would present the tactics and programs 13 to them. I would also interact on an ad hoc basis 14 to communicate the availability of new tactics and 15 programs. I would also spend time with individual 16 members of the sales force during field trips, on 17 sales force advisory boards, or if they contacted 18 me with questions. 19 Q. "Field trips," what does that mean? 20 A. That is the name for somebody from the 21 home office spending time with somebody in the 22 field. It's a ride-along with the sales rep.</p>	<p style="text-align: right;">29</p> <p>1 A. Plan of action. 2 Q. Plan of action. In your role as marketing 3 manager, when you said you create programs for use 4 by the sales force, can you give some examples? 5 A. Yes. We would, for one, offer training to 6 the sales force on the disease state and on 7 different drugs used to treat those tumors and on 8 the outcome of different trials with different 9 drugs in those tumor types. 10 We would also offer education, educational 11 programs that our sales force could then roll out 12 to their customers. We also put together medical 13 information to answer requests by physicians on 14 these tumor types. 15 Q. And that medical information is in 16 documents that a salesperson can leave with a 17 physician? 18 A. No, these were documents that physicians 19 could request and that would be sent directly to 20 the physician from our medical information 21 department. 22 Q. In your role as a marketing manager, did</p>

Christof A. Marre

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Cambridge, MA

August 26, 2005

<p style="text-align: right;">34</p> <p>1 using contracts an advantage?</p> <p>2 A. Typically, hospitals and office-based</p> <p>3 oncologists don't buy directly from a manufacturer.</p> <p>4 They buy their products from a wholesaler or</p> <p>5 distributor. The fact that we have a sales force</p> <p>6 that calls on oncologists, however, gives us direct</p> <p>7 access to these customers. And we were competing</p> <p>8 with generic manufacturers who, for the most part,</p> <p>9 had to rely on distributors and wholesalers,</p> <p>10 because they didn't have a sales force or didn't</p> <p>11 have a large sales force with the reach that we</p> <p>12 did. So, this was a competitive advantage for</p> <p>13 Bristol-Myers Squibb that we wanted to leverage.</p> <p>14 Q. So, is the advantage then in having a</p> <p>15 direct relationship through the contract, even</p> <p>16 though the drugs are still purchased by the</p> <p>17 customer through a wholesaler?</p> <p>18 A. That's correct.</p> <p>19 Q. Is that accurate?</p> <p>20 A. So, they continue to buy the drug from the</p> <p>21 wholesaler, but the wholesaler will respect and</p> <p>22 apply whatever price we've negotiated directly with</p>	<p style="text-align: right;">36</p> <p>1 A. No, the overall market.</p> <p>2 Q. The overall market. What are some of the</p> <p>3 largest hospitals that BMS had contracts with?</p> <p>4 A. Memorial Sloan Kettering, M.D. Anderson,</p> <p>5 University of Michigan, Fox Chase Cancer Center.</p> <p>6 Q. Those are the big ones that come to mind?</p> <p>7 A. Yeah.</p> <p>8 Q. Where is Fox Chase located?</p> <p>9 A. Philadelphia.</p> <p>10 Q. M.D. Anderson's in Houston, right?</p> <p>11 A. Right.</p> <p>12 Q. Memorial Sloan Kettering is New York?</p> <p>13 A. New York City.</p> <p>14 Q. And Michigan is in Ann Arbor?</p> <p>15 A. Yeah.</p> <p>16 Q. Do you know what percentage of the sales</p> <p>17 of BMSO drugs were done under contract?</p> <p>18 A. No.</p> <p>19 Q. No? Do you know the approximate</p> <p>20 percentage of all oncology customers that purchased</p> <p>21 BMSO drugs under a contract with BMS?</p> <p>22 A. No.</p>
<p style="text-align: right;">35</p> <p>1 the customer.</p> <p>2 Q. Was it your goal to have BMS sign</p> <p>3 contracts with most of the large hospitals in the</p> <p>4 country?</p> <p>5 A. Yes.</p> <p>6 Q. And were you successful in that goal?</p> <p>7 A. I believe we were successful. I can't say</p> <p>8 exactly how many contracts we signed, but it must</p> <p>9 have been in the 50s.</p> <p>10 Q. Percentile?</p> <p>11 A. No, 50 contracts with 50 institutions.</p> <p>12 Q. And do you have any sort of an</p> <p>13 appreciation for what percentage of the market for</p> <p>14 hospital oncology drugs those 50 or so institutions</p> <p>15 represented?</p> <p>16 A. I don't recall the exact percentage for</p> <p>17 that segment of the market. Our overall share of</p> <p>18 the Paclitaxel business, for example, or for other</p> <p>19 products that had generic competition must have</p> <p>20 been around 50 percent.</p> <p>21 Q. And are you speaking specifically to the</p> <p>22 hospital market?</p>	<p style="text-align: right;">37</p> <p>1 Q. No. So, is it just too general a question</p> <p>2 for you to be able to answer?</p> <p>3 A. Yeah.</p> <p>4 Q. How did BMS determine which organizations</p> <p>5 to sign contracts with?</p> <p>6 A. The primary determinant was the sales</p> <p>7 volume, and I guess the second determinant was</p> <p>8 their willingness to do contracting.</p> <p>9 Q. And when you say, "sales volume," what do</p> <p>10 you mean?</p> <p>11 A. Number of units they buy.</p> <p>12 Q. So, that's another way of saying —</p> <p>13 targeting the larger organizations?</p> <p>14 A. Yeah. Uh-huh.</p> <p>15 Q. And the contracts, did they always contain</p> <p>16 pricing that was lower than the wholesale list</p> <p>17 price that BMS offered products at, right?</p> <p>18 A. Yes, although there were some products</p> <p>19 that we would not offer contract pricing on.</p> <p>20 Q. And what products — and what products</p> <p>21 were they and at what point in time?</p> <p>22 A. Uh-huh. Well, Paraplatin was the main</p>

Christof A. Marre

HIGHLY CONFIDENTIAL
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<p style="text-align: right;">38</p> <p>1 product that for a long time we didn't offer</p> <p>2 discounts to most customers. And only when it came</p> <p>3 closer to losing exclusivity did we start</p> <p>4 considering offering some small discounts.</p> <p>5 Q. So, you didn't offer discounts before the</p> <p>6 time that you got close to the loss of exclusivity,</p> <p>7 because it was -- the only product in -- in other</p> <p>8 words, it didn't have any competition at that point</p> <p>9 in time, right?</p> <p>10 A. That's correct. But we did have some</p> <p>11 customers who did receive discounts or some other</p> <p>12 price consideration even before that.</p> <p>13 Q. And the contract -- the prices contained</p> <p>14 in contracts between BMS and customers, those are</p> <p>15 confidential and not publicly available, correct?</p> <p>16 A. Yeah.</p> <p>17 Q. I'll just make sure I understand the</p> <p>18 contracting process with office-based oncologists.</p> <p>19 A. Uh-huh.</p> <p>20 Q. Those were signed through OTN?</p> <p>21 A. Uh-huh.</p> <p>22 Q. Okay. But the contracts that OTN would</p>	<p style="text-align: right;">40</p> <p>1 about earlier, were the average wholesale prices of</p> <p>2 drugs generally discussed?</p> <p>3 A. Which meetings?</p> <p>4 Q. At the POA meetings.</p> <p>5 A. No.</p> <p>6 Q. Were there any discussions of the</p> <p>7 differences between the AWP's and actual -- actual</p> <p>8 acquisition costs of drugs?</p> <p>9 A. Well, when we became more involved with</p> <p>10 contracting, we would talk about the price erosion</p> <p>11 of the price for Taxol, for example.</p> <p>12 Q. And how would that relate to AWP's?</p> <p>13 A. When almost any drug has exclusivity, you</p> <p>14 sell the drug at list price. But once you face</p> <p>15 generic competition, the generics try to gain</p> <p>16 market share by bringing the price down and</p> <p>17 offering discounts to their customers. So, as the</p> <p>18 branded company, your choice is either to quickly</p> <p>19 lose business if you don't bring your contract</p> <p>20 prices in line with the market, or to offer</p> <p>21 competitive prices and hope to maintain a</p> <p>22 significant volume share of the market.</p>
<p style="text-align: right;">39</p> <p>1 offer its customers originated in your department,</p> <p>2 right?</p> <p>3 A. The way I would put it was the contract</p> <p>4 was written by OTN, because they represented many</p> <p>5 different manufacturers and had many types of</p> <p>6 contracts, but whenever the contracts included BMS</p> <p>7 products, we would get involved in revising the</p> <p>8 contract language and approving the terms and</p> <p>9 conditions.</p> <p>10 Q. Including price.</p> <p>11 A. Right.</p> <p>12 Q. And was there a specific person at OTN you</p> <p>13 would work with on that one issue?</p> <p>14 A. I think there were a number of people</p> <p>15 involved with that. The one person who I</p> <p>16 interacted with the most until he left OTN was</p> <p>17 Sandy McMahon.</p> <p>18 Q. And do you know when he left OTN?</p> <p>19 A. I don't recall the exact date.</p> <p>20 Q. Was it before you left BMS?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. And the POA meetings you talked</p>	<p style="text-align: right;">41</p> <p>1 Q. Okay. Has that -- I discern from an</p> <p>2 earlier answer that there was some relation between</p> <p>3 that and AWP, and that's what I'm trying to follow</p> <p>4 up. I believe my initial question asked whether</p> <p>5 there were any discussions between -- about the</p> <p>6 difference between the average wholesale price for</p> <p>7 a drug and its actual acquisition cost.</p> <p>8 A. I think we were more interested in the</p> <p>9 difference between the price that we offered to our</p> <p>10 customers and the price that the generic</p> <p>11 competitors would offer to the customers.</p> <p>12 Q. Does that mean that you've never discussed</p> <p>13 AWP with anyone at BMS?</p> <p>14 A. No. Of course, where relevant, we are</p> <p>15 going to discuss AWP.</p> <p>16 Q. Let me then explore with you the use of</p> <p>17 AWP --</p> <p>18 A. Uh-huh.</p> <p>19 Q. -- that you made when you were director of</p> <p>20 marketing.</p> <p>21 A. Uh-huh.</p> <p>22 Q. Let me lay some foundations first. What</p>

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<p style="text-align: right;">42</p> <p>1 is your understanding of the term "AWP"?</p> <p>2 A. Average wholesale price.</p> <p>3 Q. Is it an average of wholesale prices in</p> <p>4 the market?</p> <p>5 A. It's a price that gets published in</p> <p>6 Redbook and First Data Source that we don't have</p> <p>7 direct control over.</p> <p>8 Q. And that was your understanding when you</p> <p>9 were marketing director back in 2000 –</p> <p>10 A. That was my understanding, yeah.</p> <p>11 Q. And do you understand the relationship</p> <p>12 between BMS wholesale list price –</p> <p>13 A. Uh-huh.</p> <p>14 Q. – and AWP?</p> <p>15 A. Well, my understanding is that we</p> <p>16 controlled our list price, and we would submit our</p> <p>17 list prices to these different publications, and</p> <p>18 they would then apply some kind of formula to</p> <p>19 arrive at AWP, which would then – they would then</p> <p>20 publish.</p> <p>21 Q. And are you familiar with what that</p> <p>22 formula was? Was it a markup factor?</p>	<p style="text-align: right;">44</p> <p>1 other wholesalers or distributors.</p> <p>2 Q. So, you don't believe then that the</p> <p>3 wholesalers were selling those drugs at those</p> <p>4 margins?</p> <p>5 A. I don't believe that, no.</p> <p>6 Q. And were the margins – what do you</p> <p>7 believe the wholesaler margins are?</p> <p>8 A. They're minimal.</p> <p>9 Q. It's 1 to 3 percent, right?</p> <p>10 A. Yeah, I think the wholesaler margin is</p> <p>11 primarily the prompt payment discount that we</p> <p>12 provide.</p> <p>13 Q. And is that usually 1 or 2 percent?</p> <p>14 A. I think those are typical prompt payment</p> <p>15 discounts.</p> <p>16 Q. And just so the record's clear, those are</p> <p>17 discounts that BMS offers to wholesalers if they</p> <p>18 pay within a certain time period, right?</p> <p>19 A. Right.</p> <p>20 Q. Is that usually 30 days?</p> <p>21 A. It can be staggered, 30, 60, 90 days, and</p> <p>22 the sooner you pay, the higher the prompt payment</p>
<p style="text-align: right;">43</p> <p>1 A. Yes, it was always confusing to me, and it</p> <p>2 wasn't really relevant to my activities, so my</p> <p>3 understanding is that the factor was 1.25 or 1.3,</p> <p>4 but it wasn't clear to me which factor applied to</p> <p>5 which company to which publication.</p> <p>6 Q. Did you believe that there were purchasers</p> <p>7 in the marketplace that would actually buy BMS</p> <p>8 drugs at the AWP?</p> <p>9 A. I don't have evidence of that. The price</p> <p>10 that most wholesalers and distributors would apply</p> <p>11 would be our list price.</p> <p>12 Q. Do you have any insight into whether</p> <p>13 wholesalers actually sold their products to</p> <p>14 customers at the AWP's that were reported by these</p> <p>15 publications?</p> <p>16 A. No, because we sold our products at our</p> <p>17 list price to the wholesaler, and it was up to them</p> <p>18 at which price they would sell it on to their</p> <p>19 customers. But since there's competition between</p> <p>20 different wholesalers and different distributors,</p> <p>21 they wouldn't be able to command a 25 or 30 percent</p> <p>22 margin. They would quickly be turned down by the</p>	<p style="text-align: right;">45</p> <p>1 discount.</p> <p>2 Q. Okay. As director of marketing, did it</p> <p>3 ever concern you that there were average wholesale</p> <p>4 prices being reported for BMS oncology drugs that</p> <p>5 did not reflect the margins actually realized by</p> <p>6 wholesalers?</p> <p>7 A. I never understood the term "average</p> <p>8 wholesale prices," because as we just discussed,</p> <p>9 those weren't average prices.</p> <p>10 Q. But did it ever concern you, though, was</p> <p>11 my question?</p> <p>12 A. No, I wouldn't say it concerned me.</p> <p>13 Q. And is there a particular reason why it</p> <p>14 didn't concern you, or did you just never think</p> <p>15 about it?</p> <p>16 A. I'm sorry?</p> <p>17 Q. Or did you just never think about it?</p> <p>18 A. It's one of those things that someone who</p> <p>19 joined the market in 2001 was probably a – had a</p> <p>20 historic basis. So, it may have been true at some</p> <p>21 point in time and was no longer true, and I know</p> <p>22 that in other markets I've been in in Mexico, there</p>

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<p style="text-align: right;">46</p> <p>1 was a true wholesaler markup of 18, 20 percent.</p> <p>2 So, I assumed that maybe historically that's how it</p> <p>3 had operated in the US, and that competition just</p> <p>4 had driven down those markups. That was -- if you</p> <p>5 had asked me then, that's probably how I would have</p> <p>6 answered it.</p> <p>7 Q. So, at no time did you think to take any</p> <p>8 action to try and correct the average wholesale</p> <p>9 prices that were being published.</p> <p>10 A. (Witness nods.)</p> <p>11 MR. EDWARDS: Object to the form. Assumes</p> <p>12 facts not in evidence.</p> <p>13 Q. I saw you shaking your head. I want to</p> <p>14 make sure that comes out on the record. Was that a</p> <p>15 no?</p> <p>16 A. I think we had an objection, right?</p> <p>17 Q. Yeah. I was going to let the question</p> <p>18 stand if you understand it.</p> <p>19 A. Uh-huh.</p> <p>20 Q. Do you want the court reporter to read it</p> <p>21 back?</p> <p>22 A. So, can you repeat the question.</p>	<p style="text-align: right;">48</p> <p>1 the wholesalers made their money, and we discussed</p> <p>2 how -- at which price we sell a product to the</p> <p>3 wholesaler, at which price they sell it on to their</p> <p>4 customers and where they make their margin.</p> <p>5 Q. And you have experience with contracts,</p> <p>6 so, you know, in at least some cases, the customers</p> <p>7 are purchasing BMS products well below wholesale</p> <p>8 list price.</p> <p>9 A. Yes.</p> <p>10 Q. And that generates a charge-back that goes</p> <p>11 to the wholesaler?</p> <p>12 A. Yes.</p> <p>13 Q. So, you're familiar with the charge-back.</p> <p>14 A. Yeah.</p> <p>15 Q. And are there any other discussions that</p> <p>16 you can recall specifically having with people at</p> <p>17 BMS or OTN about AWP's?</p> <p>18 A. Well -- well, I learned more about the</p> <p>19 role of AWP's, ah, you know, what the real</p> <p>20 significance is, not as an average price at which</p> <p>21 the wholesaler sells, but as a price which is used</p> <p>22 to determine reimbursement, of course.</p>
<p style="text-align: right;">47</p> <p>1 MR. MATT: Why don't you go ahead.</p> <p>2 (Question read back.)</p> <p>3 A. Yeah, that's correct.</p> <p>4 Q. Is that no?</p> <p>5 A. I did not --</p> <p>6 Q. You did not, okay.</p> <p>7 A. -- take any action.</p> <p>8 Q. And did you have any discussions with</p> <p>9 anyone else at BMS about average wholesale prices?</p> <p>10 A. Yes, when I took on this responsibility</p> <p>11 for customer marketing, as part of understanding</p> <p>12 the environment, I had discussions with different</p> <p>13 people to understand how all of this worked.</p> <p>14 Q. Okay. And who, if you can recall, were</p> <p>15 you having those discussions with?</p> <p>16 A. Having discussion with my predecessor in</p> <p>17 the senior marketing role.</p> <p>18 Q. And who was that?</p> <p>19 A. Michael Talomie.</p> <p>20 Q. And can you specifically recall what Mr.</p> <p>21 Talomie told you about AWP?</p> <p>22 A. Well, I was interested to find out where</p>	<p style="text-align: right;">49</p> <p>1 Q. So, you understand that, until recently,</p> <p>2 AWP was used in the reimbursement form or for</p> <p>3 Medicare Part B drugs, correct?</p> <p>4 A. Yes.</p> <p>5 Q. And that it was also utilized by private</p> <p>6 insurers, correct?</p> <p>7 A. That's my understanding.</p> <p>8 Q. And what about Medicaid programs, are you</p> <p>9 aware the Medicaid programs utilize AWP in their</p> <p>10 reimbursement formulas?</p> <p>11 A. I'm not that familiar with Medicaid</p> <p>12 reimbursement.</p> <p>13 Q. And who educated you, so-to-speak, about</p> <p>14 these reimbursement concepts based on AWP?</p> <p>15 A. I attended a seminar provided by NOCR,</p> <p>16 network for -- I don't know exactly what it means</p> <p>17 -- NOCR.</p> <p>18 Q. NOCR?</p> <p>19 A. Yeah.</p> <p>20 Q. Is that a --</p> <p>21 A. I did my own reading, different sources,</p> <p>22 like the ACCC publications. I -- as part of my</p>

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<p style="text-align: right;">78</p> <p>1 A. Uh-huh.</p> <p>2 Q. Do you remember that question?</p> <p>3 A. Yes.</p> <p>4 Q. And I believe one of your answers was the</p> <p>5 competitive intelligence, if you were -- that you</p> <p>6 were receiving on contract prices?</p> <p>7 A. Yeah. Uh-huh.</p> <p>8 Q. Did you also look at the competitor's</p> <p>9 AWP's?</p> <p>10 A. No.</p> <p>11 Q. Or the competitor's WAC's?</p> <p>12 A. No.</p> <p>13 Q. So, your focus was on contract pricing.</p> <p>14 A. Yeah.</p> <p>15 Q. For my work in this case, I'm familiar</p> <p>16 with the different ways in which BMS provided</p> <p>17 discounts off of wholesale list price.</p> <p>18 A. Uh-huh.</p> <p>19 Q. And I want to just see if you're familiar</p> <p>20 with the same contracts. We have contract prices</p> <p>21 that we've already discussed today, right?</p> <p>22 A. Yeah.</p>	<p style="text-align: right;">80</p> <p>1 Q. Administration fees. What is an</p> <p>2 administration fee?</p> <p>3 A. Well, the way I understand it, it's a</p> <p>4 percentage of your sales that you pay to a GPO as a</p> <p>5 consideration for being included on their list.</p> <p>6 Q. And are there a typical range of fees that</p> <p>7 you're familiar with?</p> <p>8 A. I think a typical range would be anywhere</p> <p>9 from .25 to 3 percent.</p> <p>10 Q. Have you seen administration fees paid by</p> <p>11 BMS that exceeded 3 percent?</p> <p>12 A. I recall that the way it was explained to</p> <p>13 me, there was a maximum of 3 percent for</p> <p>14 administration fees.</p> <p>15 Q. Do you know why that was a maximum?</p> <p>16 A. I believe there's a legal maximum.</p> <p>17 Q. And you're familiar with marketing fees.</p> <p>18 A. Uh-huh.</p> <p>19 Q. What is a marketing fee?</p> <p>20 A. It's a fee for services or value that goes</p> <p>21 beyond being included on a contract or on a list of</p> <p>22 contracted products.</p>
<p style="text-align: right;">79</p> <p>1 Q. Are you familiar with rebates --</p> <p>2 A. Yes.</p> <p>3 Q. -- okay, and administration fees --</p> <p>4 A. Yes.</p> <p>5 Q. -- and marketing fees?</p> <p>6 A. Yes.</p> <p>7 Q. And BMS offered all of these to its</p> <p>8 customers, correct?</p> <p>9 A. Yeah.</p> <p>10 Q. And rebates, what's your familiarity with</p> <p>11 rebating?</p> <p>12 A. Well, unlike a discount, a rebate is</p> <p>13 typically not applied at the time of purchase but</p> <p>14 at some later point in time. And typically, it's</p> <p>15 tied to certain criteria, certain performance</p> <p>16 criteria of the contract.</p> <p>17 Q. Usually volume?</p> <p>18 A. Volume, growth, market share.</p> <p>19 Q. And the contracts with which you had</p> <p>20 involvement, were rebates sometimes included in the</p> <p>21 provisions?</p> <p>22 A. Yes.</p>	<p style="text-align: right;">81</p> <p>1 Q. Can you think of an example of a service?</p> <p>2 A. Yes. We discussed with Novation a private</p> <p>3 label arrangement whereby we would be allowed to</p> <p>4 manufacture and supply Novation with our drugs</p> <p>5 under their brand name, under the Nova Plus brand,</p> <p>6 and we would pay a marketing fee in exchange for</p> <p>7 the exclusive right to be allowed to use that brand</p> <p>8 name.</p> <p>9 Q. And what drugs did BMS sell under this</p> <p>10 Nova Plus arrangement?</p> <p>11 A. Depends on the period of time that you're</p> <p>12 looking at. Before I came on board, there had been</p> <p>13 a very comprehensive Nova Plus arrangement between</p> <p>14 BMS and Novation, which covered, I think, almost</p> <p>15 all of our brands that had generic competition, and</p> <p>16 then something happened in the relationship between</p> <p>17 BMS and Novation where that was discontinued, and</p> <p>18 then we reapproached the opportunity to include our</p> <p>19 brand on Nova Plus with Novation under my</p> <p>20 leadership in 2004, maybe 2003, 2004.</p> <p>21 Q. Okay. And do you have any recollection of</p> <p>22 what a typical marketing fee was?</p>

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<p style="text-align: right;">82</p> <p>1 A. From some documents that we reviewed</p> <p>2 yesterday that refreshed my memory. —</p> <p>3 Q. Yeah.</p> <p>4 A. — I remember seeing 8 percent.</p> <p>5 Q. I may have one in this stack.</p> <p>6 A. Yeah.</p> <p>7 Q. I've got a bunch of contracts I pulled.</p> <p>8 A. Yeah.</p> <p>9 Q. And if I see one, I'll ask you about it.</p> <p>10 A. Okay.</p> <p>11 Q. Okay. So, contract prices, rebates,</p> <p>12 administration fees, and marketing fees. They</p> <p>13 would be reflected — and all those would be</p> <p>14 reflected in a contract, right?</p> <p>15 A. Yes.</p> <p>16 Q. You wouldn't pay an admin fee without a</p> <p>17 contract.</p> <p>18 A. Correct.</p> <p>19 Q. You wouldn't pay a marketing fee without a</p> <p>20 contract.</p> <p>21 A. Right.</p> <p>22 Q. You wouldn't pay a rebate without a</p>	<p style="text-align: right;">84</p> <p>1 A. Yes, correct.</p> <p>2 Q. No, they're not?</p> <p>3 A. They're not reflective of list price.</p> <p>4 List price stays the same.</p> <p>5 Q. Okay. I wanted to talk to you about</p> <p>6 specific products now.</p> <p>7 A. Uh-huh.</p> <p>8 Q. I'm going to ask you the same series of</p> <p>9 questions for each specific drug and find out what</p> <p>10 information you have. Blenoxane, that is a</p> <p>11 multisource drug, correct?</p> <p>12 A. Correct.</p> <p>13 Q. Was it multisource for the entire time you</p> <p>14 were at BMS?</p> <p>15 A. Yes.</p> <p>16 Q. And do you know when BMS first sold it?</p> <p>17 MR. EDWARDS: Sold it?</p> <p>18 Q. First sold it, period. I mean marketed</p> <p>19 it.</p> <p>20 MR. EDWARDS: You mean as a brand?</p> <p>21 MR. MATT: Yes.</p> <p>22 A. My understanding, it was in the early</p>
<p style="text-align: right;">83</p> <p>1 contract.</p> <p>2 A. Right.</p> <p>3 Q. And those types of discounts are not made</p> <p>4 public by BMS, right?</p> <p>5 A. Yeah. I think it's unusual that they</p> <p>6 would be made public.</p> <p>7 Q. They're not published in any compendia</p> <p>8 that you're aware of?</p> <p>9 A. No. I think we have an obligation to the</p> <p>10 government to disclose if any of these prices are</p> <p>11 below prices that we offer the government for</p> <p>12 certain types of transactions.</p> <p>13 Q. Okay.</p> <p>14 A. So, when that's the case, obviously, we</p> <p>15 have to report that.</p> <p>16 Q. But beyond that one example, you're not</p> <p>17 aware of any effort by BMS to make public these</p> <p>18 various discounts that we were just discussing?</p> <p>19 A. Correct.</p> <p>20 Q. And those various discounts are not</p> <p>21 reflected in the wholesale list price. That's</p> <p>22 what —</p>	<p style="text-align: right;">85</p> <p>1 '80s.</p> <p>2 Q. Okay. So, it's certainly before your time</p> <p>3 at BMS?</p> <p>4 A. Yes.</p> <p>5 Q. Do you recall any specific marketing</p> <p>6 programs that BMS had under your tenure for</p> <p>7 Blenoxane?</p> <p>8 A. No, no specific Blenoxane programs other</p> <p>9 than addressing requests for price matching for</p> <p>10 Blenoxane. If you call that a marketing program,</p> <p>11 then that was the extent of our marketing program.</p> <p>12 Q. And do you have — you said price</p> <p>13 matching, right?</p> <p>14 A. Yes.</p> <p>15 Q. And that's what we discussed earlier —</p> <p>16 A. Yeah.</p> <p>17 Q. — in terms of someone presenting you with</p> <p>18 a price from a distributor —</p> <p>19 A. Correct.</p> <p>20 Q. — and asking BMS to match it.</p> <p>21 A. Correct.</p> <p>22 Q. All right. Do you have any recollections</p>

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<p style="text-align: right;">86</p> <p>1 about if there was a pricing trend with Blenoxane</p> <p>2 over time while you were at BMS?</p> <p>3 A. Yes, the Blenoxane price continued to --</p> <p>4 to drop.</p> <p>5 Q. And was that the wholesale list price that</p> <p>6 continued to drop or the contract price?</p> <p>7 A. The contract price.</p> <p>8 Q. The wholesale would probably stay</p> <p>9 constant, right?</p> <p>10 A. Correct.</p> <p>11 Q. Do you know why the wholesale list price</p> <p>12 reported by BMS didn't decline?</p> <p>13 MR. EDWARDS: Can I have that question</p> <p>14 back. I'm sorry.</p> <p>15 (Question read back.)</p> <p>16 MR. EDWARDS: For what?</p> <p>17 MR. MATT: For Blenoxane. We're sticking</p> <p>18 with Blenoxane.</p> <p>19 A. I believe it's an industry standard that</p> <p>20 once a drug was generic, the list price stays</p> <p>21 wherever it was when it went generic and is not</p> <p>22 updated.</p>	<p style="text-align: right;">88</p> <p>1 to go back to Blenoxane. Who were the competitors</p> <p>2 to Blenoxane?</p> <p>3 A. I don't recall who the specific</p> <p>4 competitors were.</p> <p>5 Q. But Blenoxane is the brand name for</p> <p>6 bleomycin sulfate, right?</p> <p>7 A. Yeah.</p> <p>8 Q. Were there several competitors --</p> <p>9 A. Yes.</p> <p>10 Q. -- you just don't recall any specific</p> <p>11 names. Okay. I'll move to Cytoxan now.</p> <p>12 A. Uh-huh.</p> <p>13 Q. Cytoxan is the brand name for the BMS drug</p> <p>14 known as cyclophosphamide?</p> <p>15 A. Cyclophosphamide, correct.</p> <p>16 Q. And that is a multisource drug, correct?</p> <p>17 A. Well, it's a drug that lost its</p> <p>18 exclusivity and became a multisource drug as</p> <p>19 generic competitors entered the market. But what I</p> <p>20 noticed through my tenure was that both the</p> <p>21 competitors that we were facing started exiting the</p> <p>22 market. They no longer had a supply of Cytoxan.</p>
<p style="text-align: right;">87</p> <p>1 Q. Do you know why that's the case?</p> <p>2 A. I don't know why that's the case.</p> <p>3 Q. You don't know. And then how do you know</p> <p>4 it's an industry standard? Is that something just</p> <p>5 based on your observation?</p> <p>6 A. Yeah, based on my observation, yeah.</p> <p>7 Q. Do you believe that it -- the wholesale</p> <p>8 list price did not decline because BMS did not want</p> <p>9 people to know the prevailing prices that it was</p> <p>10 actually charging?</p> <p>11 A. No, I don't think there was any major</p> <p>12 thought given to it.</p> <p>13 Q. Okay. So, you are not aware of any</p> <p>14 discussions -- did you ever have a discussion with</p> <p>15 anyone at BMS in which you discussed dropping the</p> <p>16 wholesale list price for Blenoxane?</p> <p>17 A. No.</p> <p>18 Q. Cytoxan. Did I pronounce that correctly?</p> <p>19 A. Yeah, Cytoxan.</p> <p>20 Q. That's also under your responsibility --</p> <p>21 A. Right. Yeah.</p> <p>22 Q. -- as director. Oh. I'm sorry. I have</p>	<p style="text-align: right;">89</p> <p>1 So, de facto, we became the sole source supplier of</p> <p>2 injectable Cytoxan.</p> <p>3 Q. Do you know when approximately the</p> <p>4 competitors exited the market?</p> <p>5 A. I think it was towards the end of 2002,</p> <p>6 beginning of 2003.</p> <p>7 Q. And do you know when Cytoxan lost its</p> <p>8 exclusivity?</p> <p>9 A. I don't recall the exact date.</p> <p>10 Q. Was it a multisource when you started at</p> <p>11 BMS?</p> <p>12 A. Yes.</p> <p>13 Q. And do you have any insight as to why the</p> <p>14 competitors exited that market?</p> <p>15 A. They had manufacturing issues, it's my</p> <p>16 understanding.</p> <p>17 Q. Is that in reference to quality problems</p> <p>18 with the actual drug they were producing?</p> <p>19 A. It's -- Cytoxan lyophilized -- as the name</p> <p>20 implies, it's a lyophilized product, and</p> <p>21 lyophilization is an unstable step in the</p> <p>22 manufacturing process. And some competitors had</p>

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<p style="text-align: right;">90</p> <p>1 lyophilized Cytoxan. Others had powder Cytoxan.</p> <p>2 And my understanding is that both of those</p> <p>3 processes were not well controlled by some of our</p> <p>4 competitors. So, they decided to exit the market.</p> <p>5 Q. Okay. Do you recall any specifics</p> <p>6 regarding the wholesale list price for Cytoxan over</p> <p>7 time?</p> <p>8 A. What do you mean "over time"?</p> <p>9 Q. Did it stay -- did the wholesale list</p> <p>10 price stay constant during the time you were at</p> <p>11 BMS?</p> <p>12 A. Yes, I believe it did.</p> <p>13 Q. And the same question for contract</p> <p>14 pricing. Was there a trend for contract?</p> <p>15 A. Well, when I realized that we were de</p> <p>16 facto sole source, I tried to raise our contract</p> <p>17 prices.</p> <p>18 Q. So, did contract pricing decrease over</p> <p>19 time until you realized that Cytoxan was sole</p> <p>20 source?</p> <p>21 A. I don't recall that.</p> <p>22 Q. Okay. But at the point in time when you</p>	<p style="text-align: right;">92</p> <p>1 A. Yes.</p> <p>2 Q. And the oral formulation, do you know when</p> <p>3 it lost exclusivity?</p> <p>4 A. Don't recall.</p> <p>5 Q. Did you have any responsibility for the</p> <p>6 oral formulation?</p> <p>7 A. Yes, it was part of my portfolio.</p> <p>8 Q. Did you have a different pricing strategy</p> <p>9 for the injectable version of VePesid than you did</p> <p>10 for the oral formulation of VePesid?</p> <p>11 A. Yes, each of them had its own set of</p> <p>12 competitors.</p> <p>13 Q. And can you recall specifics about pricing</p> <p>14 over time for both forms? Let's say -- let's start</p> <p>15 with wholesale list price.</p> <p>16 A. Yeah.</p> <p>17 Q. Did it stay constant?</p> <p>18 A. Yes.</p> <p>19 Q. Okay, for both formulations?</p> <p>20 A. Yes. Ah. No, we may have taken a price</p> <p>21 increase for the tablets. This is based on the</p> <p>22 review of documents we had yesterday.</p>
<p style="text-align: right;">91</p> <p>1 realized that BMS was the sole supplier, contract</p> <p>2 prices increased, is that --</p> <p>3 A. Yes.</p> <p>4 Q. Did you have any specific marketing</p> <p>5 programs for Cytoxan when you were at BMS?</p> <p>6 A. Other than pricing and contracting, no.</p> <p>7 Q. Let's talk about VePesid next.</p> <p>8 A. Uh-huh.</p> <p>9 Q. VePesid was BMS's brand name for</p> <p>10 Etoposide, correct?</p> <p>11 A. Correct.</p> <p>12 Q. At the time you started working at BMS,</p> <p>13 was VePesid an exclusive drug?</p> <p>14 A. Yes. We had two formulations, injectable</p> <p>15 and oral. I know the injectable was heavily</p> <p>16 genericized. I don't recall whether the oral was</p> <p>17 to the same extent.</p> <p>18 Q. So, by the time you started at BMS United</p> <p>19 States --</p> <p>20 A. Uh-huh.</p> <p>21 Q. -- VePesid, the injectable version, was --</p> <p>22 had already lost its exclusivity?</p>	<p style="text-align: right;">93</p> <p>1 Q. Okay. And why would you have done that?</p> <p>2 A. I don't recall.</p> <p>3 Q. So, to your knowledge, the wholesale list</p> <p>4 price stayed constant for the injectable version?</p> <p>5 A. Correct.</p> <p>6 Q. But you may have had a wholesale list</p> <p>7 price increase at some point for the oral</p> <p>8 formulation?</p> <p>9 A. Correct.</p> <p>10 Q. Let's talk about contract prices now.</p> <p>11 A. Uh-huh.</p> <p>12 Q. And let's focus on the injectable. Do you</p> <p>13 have an understanding if there was a trend in</p> <p>14 contract pricing for the injectable version of</p> <p>15 VePesid during the time you were marketing</p> <p>16 director?</p> <p>17 A. Yes, I remember new low prices being set</p> <p>18 by some of our competitors.</p> <p>19 Q. You would then -- then BMS would be</p> <p>20 presented with requests to --</p> <p>21 A. Correct.</p> <p>22 Q. -- lower its pricing, right?</p>

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<p style="text-align: right;">94</p> <p>1 A. Yes.</p> <p>2 Q. And did that, in fact, occur?</p> <p>3 A. With VePesid we had a problem in that the</p> <p>4 price had deteriorated very massively compared to</p> <p>5 other generic drugs. So, I recall that we weren't</p> <p>6 always willing to continue matching those low</p> <p>7 prices. It was already so low.</p> <p>8 Q. Nonetheless, was the trend still downward?</p> <p>9 A. Yeah. The trend was downward. I believe</p> <p>10 we discontinued some formulations of VePesid,</p> <p>11 because they were no longer profitable for us.</p> <p>12 Q. Do you know at what point in time that</p> <p>13 occurred?</p> <p>14 A. I don't recall that. Actually, no.</p> <p>15 Sorry. I think it was Cytosan that we</p> <p>16 discontinued. One of the two. We discontinued</p> <p>17 some of the formulations –</p> <p>18 Q. Okay.</p> <p>19 A. – of the smaller formulations.</p> <p>20 Q. Let's talk about the oral version of</p> <p>21 VePesid.</p> <p>22 A. Uh-huh.</p>	<p style="text-align: right;">96</p> <p>1 A. Okay.</p> <p>2 Q. That's a – Etopophos is an exclusive</p> <p>3 drug, isn't it?</p> <p>4 A. Correct.</p> <p>5 Q. And when – was it offered – was it sold</p> <p>6 by BMS when you first came to BMS US?</p> <p>7 A. It was.</p> <p>8 Q. It was. So, it has not lost its</p> <p>9 exclusivity, correct?</p> <p>10 A. Correct.</p> <p>11 Q. And do you have – do you recall any</p> <p>12 specifics about what has happened with the</p> <p>13 wholesale list price for Etopophos over the time</p> <p>14 that you were marketing director?</p> <p>15 A. I believe we took the occasional increase,</p> <p>16 but I don't specifically recall what percentage we</p> <p>17 took and when and how often.</p> <p>18 Q. What about contract pricing? When you</p> <p>19 were there did BMS offer contract pricing for</p> <p>20 Etopophos?</p> <p>21 A. We may have considered it for some</p> <p>22 accounts. It wasn't a major focus of what we did.</p>
<p style="text-align: right;">95</p> <p>1 Q. Do you have any recollection if there was</p> <p>2 a trend downward in contract prices for oral</p> <p>3 VePesid over time?</p> <p>4 A. I don't recall specifically.</p> <p>5 Q. Just don't remember?</p> <p>6 A. Don't remember. That was less –</p> <p>7 certainly less visible than the injectable. I</p> <p>8 think it was used less than the injectable.</p> <p>9 Q. And did you have any marketing programs</p> <p>10 for VePesid, either the injectable or oral</p> <p>11 formulations?</p> <p>12 A. No. Again, no specific marketing</p> <p>13 programs, other than pricing and contracting.</p> <p>14 Q. Let's talk about Etopophos.</p> <p>15 A. Uh-huh.</p> <p>16 MR. EDWARDS: Would this be a good time</p> <p>17 for a break?</p> <p>18 (Discussion off the record.)</p> <p>19 (Recess was taken.)</p> <p>20 Q. Back on the record after a break. We were</p> <p>21 talking about specific drugs, and I was going to</p> <p>22 ask you about Etopophos next.</p>	<p style="text-align: right;">97</p> <p>1 Q. And is that because it had no competition?</p> <p>2 A. It had no competition, and it wasn't a</p> <p>3 large brand. So, it wouldn't offer a lot of value</p> <p>4 to our customers from a discounting perspective.</p> <p>5 Q. What tumors does it treat?</p> <p>6 A. I believe it's primarily in hematology.</p> <p>7 Q. Is it safe to say that you didn't have any</p> <p>8 marketing programs for it while you were marketing</p> <p>9 director?</p> <p>10 A. That's correct. Sorry. Hematology and</p> <p>11 lung cancer, I think, as well.</p> <p>12 Q. VePesid, do you recall the competitors –</p> <p>13 who the competitors were of VePesid?</p> <p>14 A. To VePesid?</p> <p>15 Q. Yeah.</p> <p>16 A. VePesid had numerous generic competitors,</p> <p>17 which is part of the reason why the price had been</p> <p>18 driven down so much. I don't recall the specifics.</p> <p>19 Q. Okay. Let's talk next about Rubex. Do</p> <p>20 you know when that was first sold by BMS?</p> <p>21 A. I don't recall.</p> <p>22 Q. Was it sold by BMS when you joined BMS</p>

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<p style="text-align: right;">98</p> <p>1 oncology?</p> <p>2 A. We phased it out. We stopped</p> <p>3 manufacturing it, but there was still inventories</p> <p>4 left at wholesalers, and I guess, in our own</p> <p>5 warehouse. So, we discontinued Rubex, but it was</p> <p>6 still being sold as we depleted inventories.</p> <p>7 Q. And do you know approximately when you</p> <p>8 discontinued it?</p> <p>9 A. I don't recall exactly.</p> <p>10 Q. Was it -- it was before you left BMS,</p> <p>11 though, correct?</p> <p>12 A. Yeah, I think so.</p> <p>13 Q. And at the time you were at BMS, Rubex was</p> <p>14 a multisource drug, right?</p> <p>15 A. Yes.</p> <p>16 Q. And do you recall any specifics with</p> <p>17 respect to what happened with the wholesale list</p> <p>18 price of Rubex over time while you were at BMS?</p> <p>19 A. No.</p> <p>20 Q. Do you recall that it stayed constant?</p> <p>21 A. It wasn't my focus, because it had been</p> <p>22 discontinued.</p>	<p style="text-align: right;">100</p> <p>1 A. Yes.</p> <p>2 Q. And drugs that could be considered</p> <p>3 competitive drugs to Taxol, what are they?</p> <p>4 A. Onxol, which is manufactured by Ivax, and</p> <p>5 then two or three generic versions. So, they're</p> <p>6 called paclitaxel -- manufactured by Bedford,</p> <p>7 Mylan, and Abbott, if my recollection is correct.</p> <p>8 Q. We talked about Taxotere earlier.</p> <p>9 Taxotere is not the same chemical formulation as</p> <p>10 Paclitaxel, correct?</p> <p>11 A. Correct. It's Docetaxel.</p> <p>12 Q. And that also could be viewed as a</p> <p>13 competitor, I think you said?</p> <p>14 A. As I mentioned earlier, it could be seen</p> <p>15 as a therapeutic substitution for Paclitaxel.</p> <p>16 Q. So, a physician treating a certain tumor</p> <p>17 type with Taxol may also treat it with Taxotere</p> <p>18 instead of Taxol, is that what you --</p> <p>19 A. For the most part, yes.</p> <p>20 Q. Okay. The wholesale list price for Taxol</p> <p>21 remained constant over time, correct?</p> <p>22 A. Yes.</p>
<p style="text-align: right;">99</p> <p>1 Q. Does that mean you don't have a</p> <p>2 recollection?</p> <p>3 A. Correct.</p> <p>4 Q. Okay. What about contract pricing? Were</p> <p>5 you involved in contract negotiations involving</p> <p>6 Rubex?</p> <p>7 A. I believe we took it off our contracts</p> <p>8 because it had been discontinued.</p> <p>9 Q. And prior to taking it off contracts, do</p> <p>10 you have a recollection that the contract prices</p> <p>11 decreased over time for Rubex?</p> <p>12 A. I don't know.</p> <p>13 Q. You just don't remember?</p> <p>14 A. Don't remember.</p> <p>15 Q. Okay. Let's talk about Taxol. Taxol was</p> <p>16 an exclusive drug until 2002, correct?</p> <p>17 A. 2001.</p> <p>18 Q. And do you know approximately when in 2001</p> <p>19 it lost its exclusivity?</p> <p>20 A. I don't recall the exact date.</p> <p>21 Q. And Taxol was sold by BMS when you joined</p> <p>22 oncology, correct?</p>	<p style="text-align: right;">101</p> <p>1 Q. However, after its loss of exclusivity,</p> <p>2 the contract prices decreased, correct?</p> <p>3 A. Yes.</p> <p>4 Q. And over time they decreased</p> <p>5 substantially, right?</p> <p>6 A. Yes.</p> <p>7 Q. And while you were at BMS, there were a</p> <p>8 number of marketing programs related to Taxol,</p> <p>9 right?</p> <p>10 A. Yes.</p> <p>11 Q. Are you familiar with the Taxol</p> <p>12 opportunity program?</p> <p>13 A. Yes.</p> <p>14 Q. Could you describe that for me in your own</p> <p>15 words.</p> <p>16 A. It was a program executed by OTN whereby</p> <p>17 customers were classified into different segments</p> <p>18 and each segment had a different value proposition.</p> <p>19 Q. And there were three segments, right?</p> <p>20 A. Yes, and we called them buckets.</p> <p>21 Q. Okay. Was Bucket 1 referred to at one</p> <p>22 point in time as the Taxol preferred brand program?</p>

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<p style="text-align: right;">122</p> <p>1 referring to here.</p> <p>2 Q. Okay. Could you please turn to Page 740.</p> <p>3 This is a graphic representation of your marketing</p> <p>4 team, correct?</p> <p>5 A. Correct.</p> <p>6 Q. And do you know about what point in time</p> <p>7 this was?</p> <p>8 A. This was in early 2003.</p> <p>9 Q. And to whom was this presentation being</p> <p>10 made?</p> <p>11 A. This was a POA presentation to our sales</p> <p>12 force.</p> <p>13 Q. Okay. No further questions on that</p> <p>14 document. Thank you. There's one more document</p> <p>15 remaining in your stack that we did not discuss,</p> <p>16 and that is Exhibit Marre 007.</p> <p>17 A. Uh-huh.</p> <p>18 Q. Which is a Power Point titled "Scenarios</p> <p>19 Leading Up to Generic Carboplatin Introduction."</p> <p>20 Bates Nos. 01123925 to 956. Is this a document</p> <p>21 that you recognize?</p> <p>22 A. No.</p>	<p style="text-align: right;">124</p> <p>1 whether this grid itself was implemented?</p> <p>2 A. I'm not sure.</p> <p>3 Q. This looks somewhat similar to an earlier</p> <p>4 grid that we saw associated with, I think, the</p> <p>5 Paraplatin-Taxol earned —</p> <p>6 A. It does.</p> <p>7 Q. — discount. Okay. Do you think the</p> <p>8 program was ultimately called the earned discount</p> <p>9 program or the loyalty program?</p> <p>10 A. As I said, I'm not sure this program</p> <p>11 actually got implemented.</p> <p>12 Q. Okay. Is — I'm trying to alleviate some</p> <p>13 confusion in my mind with nomenclature. We have</p> <p>14 the earned discount program out there that we</p> <p>15 discussed, and then we have this loyalty program</p> <p>16 here set forth in Exhibit Marre 007. The earned discount</p> <p>17 program was implemented, correct?</p> <p>18 A. That seems to be the case based on this —</p> <p>19 the notes from the sales conference call.</p> <p>20 Q. Okay. Do you think that perhaps what's</p> <p>21 depicted on Exhibit Marre 007 may have been an early draft</p> <p>22 of that program?</p>
<p style="text-align: right;">123</p> <p>1 Q. The lower right-hand corner, each slide</p> <p>2 has "OTN." Do you believe this could have been</p> <p>3 prepared, I assume, at OTN?</p> <p>4 A. Probably.</p> <p>5 Q. Okay. And is this the type of document</p> <p>6 that you would receive in the ordinary course of</p> <p>7 your responsibilities at BMS?</p> <p>8 A. I could have.</p> <p>9 Q. I can represent — at least it's been</p> <p>10 represented to me -- that this did come from your</p> <p>11 files.</p> <p>12 A. Sure.</p> <p>13 Q. Page 934 describes Paraplatin/Taxol</p> <p>14 loyalty program, and I was wondering if this</p> <p>15 program was implemented?</p> <p>16 A. (Witness reviews document.) I don't</p> <p>17 recall whether we did go ahead with this</p> <p>18 two-dimensional rebate grid or not.</p> <p>19 Q. Are you — okay. You're referring to Page</p> <p>20 940, is that correct?</p> <p>21 A. 938.</p> <p>22 Q. Okay. Look at 940: So, you're not sure</p>	<p style="text-align: right;">125</p> <p>1 A. Yeah, I believe that this was too complex</p> <p>2 — the first version that we saw had this grid with</p> <p>3 40 different fields or something. This had fewer</p> <p>4 fields, but it was still deemed too complicated.</p> <p>5 Q. Okay. Thanks for clarifying that for me.</p> <p>6 On Page 954 it discusses private label option for</p> <p>7 Paraplatin.</p> <p>8 A. Uh-huh.</p> <p>9 Q. And I've seen some reference to that in</p> <p>10 some of the documents. Can you discuss what that</p> <p>11 is all about.</p> <p>12 A. As part of our Paraplatin generic defense</p> <p>13 strategy, we evaluated whether it would make sense</p> <p>14 to allow OTN to sell both branded Paraplatin and a</p> <p>15 nonbranded Paraplatin. But we wanted the</p> <p>16 nonbranded Paraplatin to be a BMS product rather</p> <p>17 than product manufactured by a generic competitor</p> <p>18 so that we would still benefit from getting the</p> <p>19 entire OTN business. So, that was the essence of</p> <p>20 the private label program.</p> <p>21 Q. So, the — Paraplatin lost its exclusivity</p> <p>22 when?</p>

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<p style="text-align: right;">126</p> <p>1 A. I believe it was November of 2004, late 2 2004. 3 Q. Up until that time – strike that. During 4 your tenure at BMS, the wholesale list price for 5 Paraplatin, do you recall whether it remained 6 constant? 7 A. No, we took price increases. 8 Q. So, the wholesale list price increased 9 over time. Did that – did the increases in 10 wholesale list price continue after the loss of 11 exclusivity? 12 A. I don't recall. I wasn't with BMS at that 13 time. 14 Q. Okay. So, you had left. That's right. 15 And prior to your departure, did BMS offer contract 16 pricing discounts on Paraplatin? 17 A. Yes. 18 Q. And were they associated with the various 19 programs that we just discussed? 20 A. Correct. 21 Q. And you were responsible for putting 22 together the generic strategy, so-to-speak, for</p>	<p style="text-align: right;">128</p> <p>1 Q. Okay. And what was the pricing strategy 2 associated with the private label? 3 A. The strategy was for the private label to 4 be a fast follower. So, we understood that the 5 generics would drive the price down and that we 6 needed to be competitive in order not to lose 7 business, and that the private label would not 8 leave but it would follow the price set by the 9 generics. 10 Q. And "following" meaning if the generics 11 were lower in price, the private label price would 12 be lowered by BMS? 13 A. Correct. 14 Q. And what was the name of the private label 15 product? 16 A. OTN Paraplatin. 17 Q. So, OTN was the brand? 18 A. Yeah, I'm not sure what it finally ended 19 up being, because it was launched after I left the 20 company. 21 Q. And then under the strategy before you 22 left, what was the strategy with respect to the</p>
<p style="text-align: right;">127</p> <p>1 Paraplatin when it lost exclusivity, right? 2 A. Yeah, in association with OTN. 3 Q. Okay. I'm sorry. Did I ask you whether 4 you prepared Exhibit Marre 007? 5 A. I don't know whether you asked me, but I 6 can tell you I didn't. 7 Q. Okay. You did prepare it? 8 A. I did not prepare this. 9 Q. You did not prepare it. So, maybe it 10 would be best for me just to ask you what was – 11 what were the plans – what were BMS's plans for 12 Paraplatin to deal with the loss of exclusivity on 13 that drug? 14 A. The plan was to start thinking about how 15 to defend our market share well ahead of the loss 16 of exclusivity. So, to take advantage of the fact 17 that we were the incumbent and secure business that 18 would make it more difficult for the entrants to 19 take market share away from us. 20 Q. Okay. And so, part of the plan was to 21 create a private label. 22 A. That was part of the plan.</p>	<p style="text-align: right;">129</p> <p>1 price of Paraplatin, the branded BMS drug? 2 A. The idea was for the branded Paraplatin 3 through OTN to maintain a price premium over both 4 the generics and our private label. 5 Q. And do you know what happened to that 6 price over time? 7 A. No. 8 Q. Because you – 9 A. I left the company. 10 Q. You were gone, okay. So, you wouldn't 11 have any insights into volume of sales of 12 Paraplatin post loss of exclusivity? 13 A. No. 14 Q. And the same question for the OTN private 15 label Paraplatin. 16 A. No. 17 (BMS/AWP 01123962-974 marked Exhibit Marre 014.) 18 Q. The court reporter has marked as Exhibit Marre 014 19 an e-mail to yourself and others from Mayank Patel, and it 20 has an attachment. The exhibit itself has Bates Nos. 01123962 21 to 74. Do you believe that this is an e-mail that you received 22 in the ordinary course of your responsibilities at BMS?</p>

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<p style="text-align: right;">130</p> <p>1 A. Yes.</p> <p>2 Q. And the VePesid injection analysis that's</p> <p>3 attached, I draw your attention to the first page</p> <p>4 of that analysis where it says, "2002 sales." The</p> <p>5 gross sales exceed 45 million, correct?</p> <p>6 A. That's what it says here.</p> <p>7 Q. And where it says, "Prime vendors accrual</p> <p>8 of 35,395,541," do you see that?</p> <p>9 A. Yes.</p> <p>10 Q. Does that indicate that most of BMS's</p> <p>11 sales of VePesid were made at contract pricing at</p> <p>12 this time, in 2002?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. I wanted to make sure I was reading</p> <p>15 that right. So, if we took the difference between</p> <p>16 the gross sales and the prime vendor accrual, we</p> <p>17 would determine the sales of VePesid that BMS made</p> <p>18 that were made without contracts, correct?</p> <p>19 A. Not quite. I don't think this analysis</p> <p>20 would allow you to determine how big our sales</p> <p>21 volume without contracts was --</p> <p>22 Q. Okay.</p>	<p style="text-align: right;">132</p> <p>1 involvement in that, right?</p> <p>2 A. Yes.</p> <p>3 MR. MATT: Let's mark an exhibit.</p> <p>4 (BMS/AWP 388534-536 marked Exhibit Marre 015.)</p> <p>5 Q. Exhibit Marre 015 is an e-mail from Fred Wiseman</p> <p>6 to yourself --</p> <p>7 A. Uh-huh.</p> <p>8 Q. -- dated November 14th. My only question</p> <p>9 on this is whether it is an e-mail that you</p> <p>10 received in the ordinary course of your</p> <p>11 responsibilities?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. Thank you. Do most major hospitals</p> <p>14 belong to GPOs?</p> <p>15 A. I'm sorry.</p> <p>16 Q. Do most major hospitals belong to GPOs?</p> <p>17 A. Yes.</p> <p>18 Q. What are the major hospital GPOs?</p> <p>19 A. The two leading ones are Premier and</p> <p>20 Novation. Between them they have about 70 percent</p> <p>21 of the market.</p> <p>22 Q. Did you say 70 percent?</p>
<p style="text-align: right;">131</p> <p>1 A. -- 'cause this is averaging everything.</p> <p>2 Q. But is it reliable to indicate the volume</p> <p>3 of sales made at contracts?</p> <p>4 A. Well, you would have to consider also the</p> <p>5 OTN charge-backs, in addition to the prime vendor</p> <p>6 accrual.</p> <p>7 Q. Oh. Okay. So, the sales reflected here</p> <p>8 that were made under contracts were the sales</p> <p>9 reflected under the prime vendor accrual line and</p> <p>10 the sales reflected under OTN charge-backs,</p> <p>11 correct?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. That's the only question I have</p> <p>14 about that one. Part of your marketing strategies</p> <p>15 targeted state society GPOs, right?</p> <p>16 A. More than my marketing strategy, that was</p> <p>17 the OTN marketing strategy.</p> <p>18 Q. Did BMS try to sign contracts with GPOs</p> <p>19 that were state societies?</p> <p>20 A. I believe the contracts were actually</p> <p>21 signed by OTN.</p> <p>22 Q. Okay. But you would have had some</p>	<p style="text-align: right;">133</p> <p>1 A. 70.</p> <p>2 Q. And did BMS have contracts with Premier</p> <p>3 and Novation for oncology drugs --</p> <p>4 A. Yes.</p> <p>5 Q. -- during the time you were there? Is</p> <p>6 Consorta a hospital GPO?</p> <p>7 A. Yes.</p> <p>8 Q. And Cardinal-Owen, Cardinal-Owen?</p> <p>9 A. Yes.</p> <p>10 Q. And what about Broadlane?</p> <p>11 A. Yes.</p> <p>12 Q. MedAssets?</p> <p>13 A. Yes.</p> <p>14 Q. I'm actually reading some of these names</p> <p>15 off of a Power Point that we'll mark.</p> <p>16 (BMS/AWP 1124381-394 marked Exhibit Marre 016.)</p> <p>17 Q. The court reporter has marked as Exhibit Marre 016,</p> <p>18 a Power Point that says, "GPO Channel." I</p> <p>19 believe this was produced from your files, and I</p> <p>20 guess my question is, is this something that you</p> <p>21 would have received in the ordinary course of your</p> <p>22 responsibilities at BMS?</p>

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<p style="text-align: right;">142</p> <p>1 Q. Yeah. That's kind of an awkward question.</p> <p>2 What I'm trying to figure out is did the templates</p> <p>3 themselves usually become the final contracts?</p> <p>4 A. Yes.</p> <p>5 Q. Okay. Thanks.</p> <p>6 (BMS AWP 1124203-204 marked Exhibit Marre 022.)</p> <p>7 Q. Exhibit Marre 022 is an e-mail from Mayank Patel</p> <p>8 to yourself and others, dated April 2, 2003. Is</p> <p>9 this an e-mail that you received in the ordinary</p> <p>10 course of your responsibilities?</p> <p>11 A. Yes.</p> <p>12 Q. And I draw your attention to the second</p> <p>13 page. It's a comparison of pricing offer to OTN</p> <p>14 and OS, correct?</p> <p>15 A. Yes.</p> <p>16 Q. There's a line that says, "Off invoice."</p> <p>17 What does that refer to?</p> <p>18 A. It's an off-invoice discount. So, it's a</p> <p>19 discount that's in the invoice.</p> <p>20 Q. Does that mean it was sold under a</p> <p>21 contract?</p> <p>22 A. Yeah, and the discount is reflected in the</p>	<p style="text-align: right;">144</p> <p>1 It's dated December 19th, 2002. Is this an e-mail</p> <p>2 that you created in the ordinary course of your</p> <p>3 responsibilities?</p> <p>4 A. Yes.</p> <p>5 Q. On the very last page of this exhibit</p> <p>6 there is a spreadsheet that reflects Duke contract</p> <p>7 pricing --</p> <p>8 A. Okay.</p> <p>9 Q. -- and the percentage off WLPs, do you</p> <p>10 believe that these were accurate at the time?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. And I notice the Blenoxane is a 71</p> <p>13 percent discount. VePesid is a 94 percent</p> <p>14 discount --</p> <p>15 A. Yes.</p> <p>16 Q. -- and -- 95 percent.</p> <p>17 A. Yes.</p> <p>18 Q. Why were the discounts so high?</p> <p>19 A. It's driven by the competitive</p> <p>20 environment. We had multiple competitors for</p> <p>21 VePesid.</p> <p>22 Q. Is the same true for Taxol at this point</p>
<p style="text-align: right;">143</p> <p>1 sales price.</p> <p>2 Q. Okay. And then the line that says, "Cash</p> <p>3 discount to wholesaler 2 percent for OTN," is that</p> <p>4 a prompt pay discount?</p> <p>5 A. I believe so.</p> <p>6 Q. And then the "Cash discount OTN end</p> <p>7 customer, 2 percent," do you know what that</p> <p>8 discount is associated with?</p> <p>9 A. Whenever somebody sells a product to a</p> <p>10 buyer, they tend to offer a discount for prompt</p> <p>11 payment. So, this would be the discount that OTN</p> <p>12 offers for prompt payment its end customers.</p> <p>13 Q. Oh, okay. And then what is a Taxol volume</p> <p>14 purchase rebate at 1.6 percent to OTN? What is</p> <p>15 that?</p> <p>16 A. This reflects the -- I don't recall.</p> <p>17 Q. You don't recall what that one is?</p> <p>18 A. No.</p> <p>19 (BMS/AWP 217841-851 Marked Exhibit Marre 023.)</p> <p>20 Q. Let's go to the next document, which is</p> <p>21 Exhibit Marre 023 to your deposition. It's an e-mail from</p> <p>22 yourself to Michelle Barnard with attachments.</p>	<p style="text-align: right;">145</p> <p>1 in time as reflected in the 75 percent discounts?</p> <p>2 A. Is what true?</p> <p>3 Q. Were there also -- the competitive</p> <p>4 environment true of those discounts, correct?</p> <p>5 A. Yes, yes.</p> <p>6 Q. And was Duke a large purchaser?</p> <p>7 A. Yes.</p> <p>8 Q. Exhibit Marre 024 is a spreadsheet that says,</p> <p>9 "Blenoxane contract sales, 3rd quarter and 4th</p> <p>10 quarter of 2002," Bates Nos. 000212669 to 74. Have</p> <p>11 you seen this document before?</p> <p>12 (BMS/AWP 212669-674 marked Exhibit Marre 024.)</p> <p>13 A. I don't specifically recall seeing this.</p> <p>14 Q. Have you seen a format like this before?</p> <p>15 A. Yes.</p> <p>16 Q. And is this a document that you reviewed</p> <p>17 in the ordinary course of your responsibilities at</p> <p>18 BMS?</p> <p>19 A. Yes.</p> <p>20 Q. And what would be the purpose of your</p> <p>21 review?</p> <p>22 A. Well, in this case, Blenoxane was supplied</p>

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<p style="text-align: right;">146</p> <p>1 to us by a Japanese company. And the price we paid</p> <p>2 to the Japanese manufacturer was based on a formula</p> <p>3 that reflected our own average selling price. So,</p> <p>4 we needed to show them how our price had evolved to</p> <p>5 justify what we were paying them. So, that's why</p> <p>6 we did this analysis.</p> <p>7 Q. Okay. So, the discounts off wholesale</p> <p>8 list price that are reflected in this spreadsheet,</p> <p>9 to the best of your knowledge, were accurate?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. And do these represent all contract</p> <p>12 sales for Blenoxane for the time period?</p> <p>13 A. I don't know.</p> <p>14 Q. Okay.</p> <p>15 MR. EDWARDS: All contract sales to</p> <p>16 hospitals or – was that your question?</p> <p>17 MR. MATT: That's actually a good</p> <p>18 qualifier.</p> <p>19 MR. EDWARDS: – or all contract sales to</p> <p>20 everybody?</p> <p>21 MR. MATT: Let's first ask the question to</p> <p>22 everybody if the witness knows.</p>	<p style="text-align: right;">148</p> <p>1 that were offered?</p> <p>2 MR. EDWARDS: To?</p> <p>3 Q. To Conorta.</p> <p>4 A. (Witness reviews document.) Yes.</p> <p>5 Q. And the discounts it offered were a</p> <p>6 reflection of the competitive environment, correct?</p> <p>7 A. Correct.</p> <p>8 Q. No more questions on that one.</p> <p>9 (BMS/AWP 96291-300 marked Exhibit Marre 025.)</p> <p>10 (BMS/AWP 96333-345 marked Exhibit Marre 026.)</p> <p>11 Q. Exhibit Marre 026 is an oncology customer</p> <p>12 contract proposal to Owen Health Care?</p> <p>13 A. Uh-huh.</p> <p>14 Q. Is that your signature on the first page?</p> <p>15 A. Can you say that again.</p> <p>16 Q. Is that your signature on the first page?</p> <p>17 A. Yeah.</p> <p>18 Q. So, the discounts off of WLP that are</p> <p>19 reflected on the second page of this document,</p> <p>20 those were, in fact, offered to Owen, correct?</p> <p>21 A. Yes.</p> <p>22 Q. And if we review a couple of pages ahead</p>
<p style="text-align: right;">147</p> <p>1 A. This doesn't reflect OTN.</p> <p>2 Q. Okay.</p> <p>3 A. But it does reflect US oncology. So, US</p> <p>4 oncology is not a hospital.</p> <p>5 Q. Okay.</p> <p>6 A. So, I don't want to speculate about this.</p> <p>7 Q. Yeah, we don't want to you speculate</p> <p>8 either. Thanks.</p> <p>9 The next exhibit, Exhibit Marre 025 is an</p> <p>10 oncology customer contract proposal –</p> <p>11 A. Uh-huh.</p> <p>12 Q. – for Consorta, correct?</p> <p>13 A. Correct.</p> <p>14 Q. And is this something that you would have</p> <p>15 received in the ordinary course of your</p> <p>16 responsibilities at BMS?</p> <p>17 A. Yes.</p> <p>18 Q. In fact, you signed it on Page 2, correct?</p> <p>19 A. Yes.</p> <p>20 Q. And I just want to confirm that the</p> <p>21 discounts presented begin on the third page,</p> <p>22 discounts off of WLP. Were there the discounts</p>	<p style="text-align: right;">149</p> <p>1 to Page 336, we have a proposal to Broadlane,</p> <p>2 correct?</p> <p>3 A. Correct.</p> <p>4 Q. It looks like this one was not signed by</p> <p>5 you – at least this one back here. My question</p> <p>6 is, do Owen and Broadlane, are these two separate</p> <p>7 GPOs?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. Thanks. Exhibit Marre 027 is an e-mail</p> <p>10 from Michelle Barnard to yourself and others. Is</p> <p>11 this something that you – it's dated March 16th,</p> <p>12 2003. Is this something that you would have</p> <p>13 received in the ordinary course of your</p> <p>14 responsibilities at BMS?</p> <p>15 A. Yes</p> <p>16 (BMS/AWP 1124131-156 marked Exhibit Marre 027.)</p> <p>17 Q. And it looks like there was an attachment</p> <p>18 that shows discounts being offered to various GPOs,</p> <p>19 including Owen and Premier, correct?</p> <p>20 A. Yes.</p> <p>21 Q. And Pages 138 to 140 reflect –</p> <p>22 A. Actually, where do you see Owen?</p>

EXHIBIT 17

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August 11, 2005

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

-----x
In Re: PHARMACEUTICAL)
INDUSTRY AVERAGE WHOLESALE) MDL No. 1456
PRICE LITIGATION) CIVIL ACTION NO.
) 01-CV-12257-PBS)

-----)
THIS DOCUMENT RELATES TO)
ALL ACTIONS)
-----x

DEPOSITION OF JOHN F. AKSCIN

New York, New York

Thursday, August 11, 2005

9:53 a.m.

Reported by:

Frank J. Bas, RPR

Henderson Legal Services
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New York, NY

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1 But I think I'm going to ask the witness to
2 go back and if there's any more
3 supplemental production, we'll make it at
4 that time.

5 MR. MATT: Okay. I just want to
6 make sure that an exhaustive search was
7 done.

8 MR. TRETTER: And I understand
9 that. And we are going to make sure that
10 that's the case. I intend to ask the
11 witness to go back and in the fullness of
12 time make sure that he's done an exhaustive
13 search.

14 MR. MATT: Okay. Thank you.

15 BY MR. MATT:

16 Q. What is your present position with
17 OTN?

18 A. I am vice president of government
19 relations and managed care services for OTN.

20 Q. How long have you held that
21 position?

22 A. The government relations

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1 me back through the history of your employment
2 with OTN and give me your titles and the
3 approximate time period.

4 A. Okay. I started with OTN in
5 December of 1999, in the position of director,
6 business development for office based oncology.

7 Pretty much stayed with that
8 position until the introduction of the
9 government relations role, on the date that I
10 provided you earlier.

11 Q. Okay.

12 A. Again, these dates are approximate.

13 Q. That's good enough for our purposes,
14 I think.

15 When you were director of business
16 development for office based oncology -- first
17 of all, can we abbreviate that OBO for purposes
18 of our examination?

19 A. We can.

20 Q. What were your responsibilities in
21 that position?

22 A. For the most part, my

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1 responsibility, about three years now. The
2 managed care services responsibility just was
3 added this past year, earlier in 2005.

4 Q. So prior to 2005 was your title vice
5 president of government relations?

6 A. Prior to 2000 -- prior to August of
7 2004 my title was director of government
8 relations.

9 Q. And when did you first attain that
10 title?

11 A. The director of government
12 relations?

13 Q. Yes.

14 A. Okay. Approximately 2000 -- late
15 2002. October 2002, approximately.

16 Q. And in approximately August 2004 the
17 title changed to vice president of government
18 relations and managed care services?

19 A. It changed to vice president of
20 government relations in 2004, and then in March
21 of 2005 they added managed care services.

22 Q. Okay. Thank you. If you could take

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1 responsibilities were evaluating and developing
2 programs and services to support the success of
3 OBOs.

4 Q. Did you have anyone working for you?

5 A. I did not.

6 Q. And who did you report to?

7 A. A gentleman by the name of Brett
8 Brodowy. B-r-o-d-o-w-y.

9 Q. What was his position?

10 A. He was vice president, business
11 development.

12 Q. And where was he located?

13 A. He was located at the OTN San
14 Francisco -- South San Francisco corporate
15 office.

16 Q. Can you give us a flavor -- when you
17 say evaluating and developing programs and
18 services to support success of OBOs, could you
19 give us a flavor for what your daily work life
20 was like in that position?

21 A. I worked in developing a
22 relationship with outside consultants to provide

5 (Pages 14 to 17)

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<p>1 in-depth consulting services to our customers. 2 I worked on evaluating new 3 technologies for work simplification for our 4 customers. 5 And then also worked on developing 6 customer communication programs. 7 Q. Does that mean you were involved in 8 marketing, the preparation of marketing 9 materials? 10 A. I worked very closely with marketing 11 and the sales team. 12 Q. The outside consultants that you 13 referenced, can you list those for me, please? 14 A. One was known at the time as 15 KR Johnson & Associates. And the second 16 organization was an organization at the time 17 known as ProStat, P-r-o-S-t-a-t, Resources. 18 Q. Just those two? 19 A. Just those two, primarily. 20 Q. KR Johnson & Associates, has that 21 name changed? 22 A. It is now called Practice Expert.</p>	<p>1 description of how a business — how an OBO 2 operates? 3 A. Generally speaking, the topics 4 included staffing. Included clinical issues. 5 Included billing and reimbursement for services. 6 Q. And would KRJ train OTN outside 7 salespeople? 8 A. At times. 9 Q. What about inside salespeople? 10 A. At times. 11 Q. Any other OTN employees? 12 A. It was mostly focused on inside and 13 outside sales and some of the marketing folks. 14 Q. And where are they located, KRJ? 15 A. The KRJ Practice Expert location is 16 in Coeur D'Alene, Idaho. That is a satellite 17 office, if you will, of Practice Expert. 18 Q. Is that where KRJ was located? 19 A. That's where KRJ was located until 20 they were acquired by Practice Expert. 21 Q. And where is the home office of 22 Practice Expert, if you know?</p>
Page 19	Page 21
<p>1 Q. I've seen a reference to KR Johnson 2 before. What did they do for OTN? 3 A. Basically there was a relationship 4 that was twofold. One was they provided 5 consulting services directly to OTN as a 6 company. The second role was for them to be a 7 resource to our office based oncology customers 8 for consulting regarding general business 9 matters in the OBO environment. 10 Q. Let's break those down. The 11 consulting services to OTN, what kind of 12 consulting services did KRJ provide? 13 A. For the most part, they were 14 training services for OTN employees. 15 Q. What kind of training? 16 A. Focused largely at the business of 17 office based oncology, how office based oncology 18 operates. And the intent was to just provide 19 general knowledge to the OTN employees of what 20 our customers were like. 21 Q. What were some of the topics then 22 that would be captured under the general</p>	<p>1 A. I do not know exactly. 2 Q. Do you have a primary contact there? 3 A. At KRJ? 4 Q. Yes. 5 A. I do. 6 Q. And who is that? 7 A. Kim, that's K-i-m. The last name is 8 Ransier, R-a-n-s-i-e-r. 9 Q. Was Kim always your contact? 10 A. For the most part. She was 11 president of KRJ at the time KRJ was 12 independent. 13 Q. Is it a coincidence that her 14 initials are KR? 15 A. Actually KRJ. 16 Q. You also mentioned that OTN made KRJ 17 available to its customers. Correct? 18 A. That is correct. 19 Q. Under what terms? 20 A. The terms of those consulting 21 relationships were a business transaction 22 between the customer and KR Johnson. What I did</p>

(Pages 18 to 21)

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1 in my role at OTN was basically evaluate the
2 customer's need on a very high level on the
3 front end and then make the determination as to
4 what level of consulting advice and guidance the
5 customer needed, and then I would inform the
6 customer and KRJ that they should talk to each
7 other. That was the extent of the relationship.
8 Q. So it was a referral basically?
9 A. Referral based.
10 Q. OTN didn't compensate KRJ for
11 working with OTN clients?
12 A. Account agreement between KR Johnson
13 and OTN was that KR Johnson had a discounted fee
14 to OTN customers, but there was no cash involved
15 with the transactions.
16 Q. In your experience how many
17 people -- how many OBOs have you referred to
18 KRJ?
19 A. I could not answer that off the top
20 of my head.
21 Q. Is it a substantial amount?
22 MR. TRETTER: Objection to the form.

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1 BY MR. MATT:
2 Q. I don't know how else to get an
3 estimate from you. I don't want you to guess.
4 A. No, I understand that.
5 Q. How often -- maybe that's a better
6 question. How often would you refer OBO
7 customers?
8 A. It varied. It really varied. It
9 depended on what the issues were. I would say
10 that for the most part the majority of referrals
11 were for physicians wanting to start a new
12 practice.
13 Q. Do you know the topics -- are you
14 familiar with the services that KRJ provided for
15 the customers that you referred to them?
16 A. Somewhat.
17 Q. And what's the nature of those
18 services?
19 A. In the case of starting up a
20 physician new in practice, they encompassed
21 basically everything from helping the physician
22 find the location for the practice; helping the

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1 physicians staff their practice; setting up the
2 business operations of the practice; setting up
3 the clinical side of the practice; and setting
4 up the billing and reimbursement component for
5 the practice.
6 Q. Did KRJ provide billing
7 reimbursement software to customers; do you
8 know?
9 A. To my knowledge they had an offering
10 in that area.
11 Q. Do you know whether that software
12 referenced average wholesale price at all?
13 A. I do not know that.
14 Q. Do you know if KRJ ever provided
15 consulting on AWP issues?
16 A. To my --
17 Q. To OBO clients?
18 MR. TRETTER: AWP issues?
19 MR. MATT: Yes. Any issues relating
20 to average wholesale price.
21 MR. TRETTER: Objection to the form.
22 BY MR. MATT:

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1 Q. I'm going to let the question stand
2 unless you want me to clarify anything,
3 Mr. Akscin.
4 A. I think that AWP issues is rather
5 broad, and I would like you to clarify.
6 Q. Do you know whether KRJ provided any
7 consulting relating to how practices are
8 reimbursed, based on AWP, under Medicare?
9 A. Not specifically. Not being an
10 integral part of KRJ, I am uncertain as to
11 exactly what information they provided their
12 clients.
13 Q. But you did testify earlier that
14 they did consult on billing reimbursement
15 issues?
16 A. Yes, they did. That was part of
17 their array of services.
18 Q. Is KRJ, to your knowledge, familiar
19 with the reimbursement practices of private
20 insurers?
21 A. Again, not being closely related to
22 their business operations, I couldn't -- I

7 (Pages 22 to 25)

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1 couldn't specifically state that.
 2 Q. Okay. What about -- taking you back
 3 to your testimony about KRJ providing training
 4 to OTN employees.
 5 A. Mm-hmm.
 6 Q. In the course of that training, was
 7 AWP ever discussed?
 8 A. I believe so.
 9 Q. And in what context?
 10 A. In the context of very high level of
 11 how office based oncology practices are
 12 reimbursed in their environment.
 13 Q. Until recently oncology based
 14 practices reimbursed under Medicare based on an
 15 AWP benchmark, correct?
 16 A. To my knowledge, that's correct.
 17 Q. And that was 95 percent of AWP,
 18 right?
 19 A. As the history developed, yes, at
 20 one time.
 21 Q. And many insurers reimburse for
 22 chemotherapy drugs based on AWP; is that

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1 correct?
 2 A. I would say a number of them do.
 3 Q. When you say a number, can you
 4 quantify that, in terms of majority or minority?
 5 A. I would say a majority of private
 6 payers, outside the Medicare system.
 7 Q. And has that been your observation
 8 since you worked at OTN?
 9 A. Yes.
 10 Q. You also mentioned consultants named
 11 ProStat Resources?
 12 A. Correct.
 13 Q. Is that spelled P-r-o-s-t-a-t?
 14 A. Correct.
 15 Q. And where are they located?
 16 A. Kansas City, Missouri.
 17 Q. Have they always been there?
 18 A. To my knowledge.
 19 Q. And what is the nature, if any, of
 20 the consulting relationship between OTN and
 21 ProStat?
 22 A. There's no formal relationship.

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1 Q. Does ProStat offer consulting
 2 services to OTN?
 3 A. Under a formal relationship, they do
 4 not.
 5 Q. When you qualify it with "formal" --
 6 A. Mm-hmm.
 7 Q. -- what about informal?
 8 A. Informally, yes.
 9 Q. Can you please describe the nature
 10 of the consulting?
 11 A. Again from a very, very high level
 12 relationship, general support in the area of
 13 reimbursement assistance services to our
 14 customer community.
 15 MR. TRETTER: I think the question
 16 was whether they provide any consulting
 17 services to OTN as a corporate entity. Not
 18 to the customer.
 19 A. Okay. Again, informally --
 20 formally they do not, to OTN. And informally,
 21 high-level services, as I described.
 22 Q. So let me make sure I understand

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1 your testimony on this topic.
 2 Has OTN engaged ProStat to consult
 3 with OTN on specific projects?
 4 A. No, they have not. To my knowledge
 5 they have not.
 6 Q. So is this a referral relationship,
 7 then, that OTN will from time to time refer OBO
 8 customers to ProStat for consulting purposes?
 9 A. On occasion.
 10 Q. And how often does that occur?
 11 A. Infrequently.
 12 Q. And is there a financial
 13 relationship between ProStat and OTN, to your
 14 knowledge?
 15 A. There is not, that I know of.
 16 Q. And can you recall some specific
 17 instances in which OTN has referred customers to
 18 ProStat?
 19 A. No, I cannot.
 20 Q. Have you personally referred anyone
 21 to ProStat?
 22 A. I have.

(Pages 26 to 29)

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1 Q. And who was that?
 2 A. Various practices over the years.
 3 Q. And for what purposes?
 4 A. For evaluation of new services.
 5 Q. Does ProStat do something
 6 differently than KRJ?
 7 A. I wouldn't classify it as
 8 differently. They work at a different level
 9 than KRJ does, at a higher, broader level than
 10 KRJ does.
 11 Q. Okay. Could you be more specific,
 12 then, in how they differ?
 13 A. KRJ is more involved in day-to-day's
 14 operational management of their client practices
 15 and day-to-day billing and reimbursement issues.
 16 ProStat tends to focus, as I just
 17 tried to explain, on a broader concept of
 18 program development; new service development
 19 within office based oncology practices. ProStat
 20 does not do any billing or collections. They
 21 don't operate practices on a contractual basis.
 22 Things like that.

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1 MR. TRETTER: Can I help? Does
 2 ProStat do the ProCert program? Is that
 3 theirs?
 4 THE WITNESS: I am aware of a
 5 program known as ProStat -- ProCert.
 6 MR. TRETTER: Okay.
 7 THE WITNESS: And ProCert is
 8 managed, if you will, by ProStat.
 9 MR. TRETTER: So does that give you
 10 an idea, John?
 11 BY MR. MATT:
 12 Q. ProCert is a reimbursement
 13 assistance program?
 14 A. It's a reimbursement assistance
 15 program. That is correct.
 16 Q. And that's offered through OTN
 17 through its customers?
 18 A. That I am not certain of. I don't
 19 believe it's offered through OTN.
 20 MR. TRETTER: I think that's BMS.
 21 A. It's offered through BMS, I believe.
 22 Q. Okay. I want to come back to that.

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1 When you referenced just recently in
 2 your testimony ProStat, they have a high-level
 3 approach, and looks at new services, could you
 4 give an example of new services?
 5 A. An example of new services would be
 6 things like diagnostic imaging. Retail
 7 pharmacy. Joint venture services with hospital
 8 organizations.
 9 Q. Do you believe that ProStat, in its
 10 consulting capacity, would deal with issues
 11 relating specifically to average wholesale price
 12 in reimbursement?
 13 A. To the extent of their reimbursement
 14 assistance program? I would think possibly.
 15 Q. And the reimbursement assistance
 16 program, I think you testified, is called the
 17 ProCert program; is that correct?
 18 A. That's my understanding.
 19 MR. TRETTER: That's one program.
 20 BY MR. MATT:
 21 Q. That's one program?
 22 A. One program.

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1 Q. And are there others that you're
 2 aware of?
 3 A. To my knowledge at this point in
 4 time, there aren't others.
 5 Q. And can you just describe what you
 6 know about ProCert?
 7 A. ProCert was a program in which, when
 8 office based oncology practices received a
 9 denial from an insurer for the services and
 10 drugs provided to treat that patient, they would
 11 contact ProCert for assistance in managing that
 12 claim denial.
 13 Q. And how would they provide
 14 assistance, if you know?
 15 A. You know, I'm not that certain. I'm
 16 not that certain on that. I was not integrally
 17 involved with that program.
 18 Q. And was this something that was
 19 offered through OTN to OTN's customers?
 20 A. No, it was offered by BMS.
 21 Q. Do you know the terms under which
 22 that program was offered? In other words, did

9 (Pages 30 to 33)

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1 BMS pay for it?
 2 A. I am not privy to any contractual
 3 relationships between the two companies.
 4 Q. When an OBO receives a denial of a
 5 reimbursement, does ProCert take the claim over
 6 itself and see if it can get it reimbursed, or
 7 does, in the alternative, ProCert offer advice
 8 to the client on how --
 9 MR. TRETTER: Let me just get an
 10 objection to the form.
 11 BY MR. MATT:
 12 Q. Do you understand the question?
 13 A. I understand the question, but I do
 14 not know. I don't have direct relationship with
 15 the program.
 16 Q. I have seen a reference to a firm
 17 called DocuMedix?
 18 A. Correct.
 19 Q. Does that sound familiar?
 20 A. Mm-hmm.
 21 Q. Is that another consultant that OTN
 22 has worked with in the past?

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1 A. In the past, that is correct.
 2 Q. And in what capacity?
 3 A. There was a time when OTN had a
 4 relationship with DocuMedix to provide
 5 reimbursement assistance information.
 6 Q. Was that to OTN's customers?
 7 A. To OBO customers. And that was in a
 8 hot line format.
 9 Q. In other words, like a customer
 10 would call the hot line --
 11 A. Would call.
 12 Q. -- and a DocuMedix employee would
 13 answer?
 14 A. That is correct.
 15 Q. Did OTN have a financial
 16 relationship with DocuMedix?
 17 A. We did.
 18 Q. And what was the nature of that
 19 relationship?
 20 A. The relationship financial between
 21 OTN and DocuMedix at that time was that OTN
 22 essentially underwrote those services or paid

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1 for those services.
 2 Q. And how long did DocuMedix run a
 3 reimbursement hot line for OTN customers?
 4 A. I think we exited the relationship
 5 sometime in 2003. The program was in existence
 6 when I started with OTN back in 1999.
 7 Q. Where is DocuMedix located?
 8 A. DocuMedix no longer exists.
 9 Q. Was it purchased by some other
 10 company?
 11 A. It was bought.
 12 Q. And who was it bought by?
 13 A. It was bought out by the Lash Group.
 14 Q. And who was your contact at
 15 DocuMedix?
 16 A. Roberta Buell. B-u-e-l-l.
 17 Q. I'm sorry. B-u --
 18 A. B-u-e-l-l.
 19 Q. And was she always your primary
 20 contact there?
 21 A. For the most part.
 22 Q. And do you know when the Lash Group

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1 purchased DocuMedix?
 2 A. I'm uncertain of that date.
 3 Q. Was it before 2003?
 4 A. No, it was after 2003.
 5 Q. So the program was always referred
 6 to as DocuMedix during the time period that OTN
 7 offered that?
 8 A. That is correct.
 9 Q. You said broadly reimbursement
 10 assistance. What does that mean?
 11 A. This was support through a hot line
 12 program that for the most part answered customer
 13 questions regarding which specific billing codes
 14 to use not only on drugs but on services; which
 15 specific disease classification codes to use;
 16 and what billing units specifically were
 17 involved in a drug.
 18 Q. It involved --
 19 A. In billing a drug.
 20 Q. -- HCPCS codes?
 21 A. Correct. For drugs.
 22 Q. Would DocuMedix convey information

(Pages 34 to 37)

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1 to customers about reimbursements based on AWP?
 2 A. They might ask questions on an AWP,
 3 for a drug.
 4 Q. Does that mean that DocuMedix might
 5 provide AWP information?
 6 A. I believe so.
 7 Q. To your knowledge, Mr. Akscin, did
 8 DocuMedix ever assist customers with denial of
 9 reimbursement issues?
 10 A. To my knowledge they did not.
 11 Q. So to your knowledge the service
 12 that DocuMedix performed was different than what
 13 ProCert would have performed for BMS customers?
 14 A. To my knowledge.
 15 Q. I forgot to ask you if you had a
 16 primary contact at ProStat.
 17 A. I do. A gentleman by the name of
 18 Phil. The last name is Beard, B-e-a-r-d, as in
 19 dog.
 20 Q. And has that always been your
 21 primary contact there?
 22 A. For the most part.

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1 Q. And was OTN utilizing ProStat
 2 Resources in 1999?
 3 A. I started in December, so prior to
 4 that I couldn't tell you.
 5 Q. From when you started?
 6 A. I believe that BMS had the business
 7 relationship with ProStat at that time.
 8 Q. When did OTN first develop a
 9 relationship?
 10 A. OTN never had a formal relationship
 11 with ProStat.
 12 Q. Okay. Was the relationship between
 13 BMS and ProStat, to your knowledge, any
 14 different than the relationship between OTN and
 15 ProStat?
 16 MR. TRETTER: Objection to the form.
 17 A. I couldn't answer that.
 18 MR. TRETTER: I don't think OTN had
 19 any relationship.
 20 A. We did not have a relationship.
 21 Q. Okay.
 22 A. Not a formal relationship.

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1 Q. Well, you referred customers, so it
 2 was informal?
 3 A. Yes.
 4 Q. I understand that testimony. But
 5 you referenced that BMS might have had a
 6 relationship with ProStat, and I was wondering
 7 if you knew what the nature of that relationship
 8 was.
 9 A. On a formal basis, I do not. I am
 10 aware that there is a relationship.
 11 Q. And do you still refer people to
 12 ProStat?
 13 A. On occasion.
 14 Q. Do you know whether BMS had a
 15 relationship with KRJ?
 16 A. I do not.
 17 Q. Did KRJ provide written materials to
 18 OTN personnel in association with any training
 19 exercises?
 20 A. They may have. I'm uncertain.
 21 Q. Do you know whether KRJ has at any
 22 time provided any reports to OTN with regard to

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1 the work that KRJ had done with OTN customers?
 2 A. The business relationship between
 3 OTN and — excuse me — between KRJ and the
 4 customer was just that, a business relationship.
 5 We were not privy to any outcomes of those
 6 consulting relationships.
 7 Q. Okay. The same question for
 8 ProStat.
 9 A. Mm-hmm.
 10 Q. The same answer?
 11 A. Again, no formal relationship, so
 12 no — no formal feedback.
 13 Q. Okay. So then ProStat wouldn't
 14 provide to OTN reports regarding any work that
 15 ProStat may have done with OTN customers?
 16 A. That is correct.
 17 Q. What about DocuMedix, did DocuMedix
 18 ever provide any sort of written reports to OTN?
 19 A. From DocuMedix we received on a
 20 monthly basis a roster of customer contacts for
 21 the reimbursement hot line.
 22 Q. Does that mean an inventory of all

11 (Pages 38 to 41)

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1 the contacts that occurred that month?
 2 A. Basically it was a running list of
 3 calls that they received from customers, the
 4 nature of the call and the response to the call.
 5 Q. Did DocuMedix bill OTN on a per-call
 6 basis?
 7 A. Not being privy to the actual
 8 contract relationship, I can't answer that
 9 specifically. I can tell you that OTN paid for
 10 that service.
 11 Q. In your opinion did OTN customers
 12 value the DocuMedix service that was offered?
 13 MR. TRETTER: Objection to the form.
 14 BY MR. MATT:
 15 Q. Do you understand the question?
 16 A. I do.
 17 MR. TRETTER: I have no problem if
 18 you want to ask did he ever hear from a
 19 customer that they thought it was a good
 20 service. How does that work?
 21 MR. MATT: Let me actually rephrase
 22 it differently.

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1 BY MR. MATT:
 2 Q. In your experience, based on
 3 discussions with OTN clients, did they value the
 4 DocuMedix service?
 5 A. We've been told at OTN that our
 6 customers valued the service that DocuMedix
 7 provided.
 8 Q. In fact, OTN marketed that service,
 9 correct, to its clients and potential clients?
 10 A. We did, to the extent of informing
 11 our customers that this service was available to
 12 them.
 13 Q. Do you have any sort of estimate of
 14 what percentage of OTN customers have at one
 15 time used DocuMedix?
 16 A. I would put a very rough estimate at
 17 10 percent.
 18 Q. In your discussions with OTN
 19 customers, did you form an opinion as to whether
 20 OTN customers valued the consulting services
 21 provided by KRJ?
 22 A. It was reported to us by customers

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1 who used KRJ that they valued the services they
 2 provided.
 3 Q. And do you have any estimate of what
 4 percentage of OTN customers used KRJ's services,
 5 pursuant to an OTN referral?
 6 A. Less than 10 percent.
 7 Q. We got onto the topic of consultants
 8 because it was part of your responsibilities as
 9 director of business development. I want to
 10 take you back to other responsibilities you had
 11 while you were in that position.
 12 I think you said evaluating new
 13 technologies was part of your bailiwick?
 14 A. Correct.
 15 Q. Why don't you flesh out a little
 16 more in detail for us, please?
 17 A. During the term that I was in that
 18 position, I was partially responsible for
 19 evaluating specifically two new technologies.
 20 One was a program offered by a company called
 21 IntrinsiQ, and the program was called
 22 Intellidose. And IntrinsiQ is spelled

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1 I-n-t-r-i-n-s-i-Q.
 2 Q. And what did that program do?
 3 A. Basically that program was a
 4 software program to assist office based
 5 oncologists in dose calculation for treatment of
 6 their patients. Drug dose calculation in
 7 treating their patients.
 8 Q. And is that a new technology that
 9 OTN adopted?
 10 A. We have not.
 11 Q. And I think you referenced a second
 12 technology. What was that?
 13 A. The second technology was an
 14 electronic medical record offered by a company
 15 at the time known as iKnowMed. I, and then the
 16 rest of the company named was K-n-o-w-M-e-d.
 17 Q. What was the nature of that program?
 18 A. That program was a tiered or a
 19 modular approach to the electronic health record
 20 or the electronic medical record. At that time
 21 there were three - three tiers to the offering,
 22 a very, very basically EMR on this end and a

(Pages 42 to 45)

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1 Q. Okay.
 2 A. The chain is Pharma to middleman,
 3 i.e., specialty distribution, to doctor. And
 4 there were a number of provisions in MMA that
 5 had the potential for effect on the specialty
 6 distribution environment.
 7 Q. Excluding your role as a member of
 8 SBDA, in your capacity as an OTN employee have
 9 you ever had discussions with CMS employees on
 10 regulatory issues?
 11 A. From time to time.
 12 Q. What would be the nature of those
 13 discussions?
 14 A. Once again, education on the role of
 15 specialty distribution, and the supply channel.
 16 Q. Did those discussions ever reference
 17 reimbursements based on AWP?
 18 A. Not to my knowledge.
 19 Q. In your role as an OTN employee,
 20 have you ever had any discussions with
 21 Congressmen or women or their staff related to
 22 reimbursements based on AWP?

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1 A. In -- yes.
 2 Q. Can you describe more specifically
 3 the nature of those conversations?
 4 A. The conversations predominantly were
 5 at a very high level, focusing on the transition
 6 under MMA from an AWP-based reimbursement system
 7 to the current ASP-based reimbursement system.
 8 Q. And what is the current
 9 reimbursement formula?
 10 A. The current reimbursement system, to
 11 my knowledge, under Medicare is drugs
 12 administered in the office-based physician
 13 environment, or reimbursed at a formula of ASP,
 14 average sales price, plus 6 percent.
 15 Q. And in the discussions that you just
 16 referenced, did you ever take the position that
 17 Congress should not change reimbursement from
 18 AWP to ASP-based?
 19 A. No, we did not.
 20 Q. You testified you had conversations
 21 with Congressional staff regarding transition
 22 from AWP to ASP. Can you be more specific about

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1 the nature of those discussions?
 2 A. Are you asking which specific
 3 Congressional staff members, or more as to the
 4 content of the discussion?
 5 Q. Content.
 6 A. Okay. From the content perspective,
 7 the discussions focused on how ASP was
 8 calculated, okay, as well as the various pricing
 9 concessions that are included in that
 10 calculation.
 11 Q. Have you worked with anyone from BMS
 12 on that issue?
 13 MR. TRETTER: Objection to the form.
 14 BY MR. MATT:
 15 Q. Did any BMS employee participate in
 16 those discussions?
 17 A. No. Not at the SBDA level, they did
 18 not.
 19 Q. When you were director of business
 20 development for OBO, did you have opportunities
 21 to speak with OTN clients?
 22 A. I did.

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1 Q. How often would you speak with OTN
 2 clients?
 3 A. My interactions with OTN clients
 4 predominantly came on a referral basis.
 5 Q. So someone would refer a client to
 6 speak specifically to you; is that what you're
 7 referring to?
 8 A. That is correct.
 9 Q. And who would be the person that
 10 would refer clients to you?
 11 A. Typically it would be one of our
 12 salespeople.
 13 Q. And can you give examples of general
 14 topic matters for which an OTN salesperson would
 15 refer a client to you?
 16 A. General topic matters would consist
 17 of just general business issues and questions,
 18 which could include things like staffing
 19 patterns, and various benchmarks. At times
 20 there were questions that might be specifically
 21 related to drug reimbursement.
 22 Q. What kind of drug reimbursement

15 (Pages 54 to 57)

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<p>1 questions would you get?</p> <p>2 A. Questions similar to those that were</p> <p>3 handled by our agreement with the folks at</p> <p>4 DocuMedix.</p> <p>5 Q. So, in other words, assistance in</p> <p>6 billing codes?</p> <p>7 A. Coding questions.</p> <p>8 Q. Did you discuss AWP's at all?</p> <p>9 MR. TRETTER: You mean what the</p> <p>10 number might be?</p> <p>11 BY MR. MATT:</p> <p>12 Q. Specifically, yes.</p> <p>13 A. Specifically what the number might</p> <p>14 be?</p> <p>15 Q. Correct.</p> <p>16 A. At times.</p> <p>17 Q. And what would be the source of your</p> <p>18 AWP information?</p> <p>19 A. Publicly available information</p> <p>20 predominantly through Micromedics and Red Book,</p> <p>21 and the folks at First DataBank. Blue Book.</p> <p>22 Q. When you were in your position as</p>	<p>1 MR. TRETTER: Off the record for a</p> <p>2 second.</p> <p>3 (Discussion off the record.)</p> <p>4 BY MR. MATT:</p> <p>5 Q. The communications that you had with</p> <p>6 OTN clients, did you have any practice of</p> <p>7 documenting those conversations?</p> <p>8 A. Occasionally.</p> <p>9 Q. Was there a factor or set of factors</p> <p>10 that would cause you to document a specific</p> <p>11 conversation and choosing not to document them?</p> <p>12 I'm just trying to figure out how you decided</p> <p>13 whether to document one.</p> <p>14 A. Most frequently it was -- the</p> <p>15 documentation was for two reasons: Number one,</p> <p>16 when a referral was made to one of our</p> <p>17 consulting relationships, like KRJ. Okay?</p> <p>18 The second most frequent</p> <p>19 documentation would be on issues where responses</p> <p>20 included sending specific information to the</p> <p>21 customer.</p> <p>22 Q. Your counsel provided me before the</p>
Page 59	Page 61
<p>1 director of business development for OBO, how</p> <p>2 frequently did you speak with OTN clients?</p> <p>3 A. I would say, on average, daily.</p> <p>4 Q. I think your next position you</p> <p>5 testified was director of government relations</p> <p>6 and that you attained that position in</p> <p>7 approximately October of 2002. Correct?</p> <p>8 A. I believe so.</p> <p>9 Q. And what were the nature of your</p> <p>10 responsibilities in that position?</p> <p>11 A. For the most part it was just a</p> <p>12 refocus of much of the work that I had been</p> <p>13 doing since joining the company in 1999,</p> <p>14 removing the responsibility for program</p> <p>15 development and focusing more on the legislative</p> <p>16 and regulatory environment.</p> <p>17 Q. Did you still speak with clients on</p> <p>18 almost a daily basis?</p> <p>19 A. Based on referrals, yes.</p> <p>20 Q. Did they have the same questions</p> <p>21 that they had before?</p> <p>22 A. Nothing changed.</p>	<p>1 deposition started with a group of documents. I</p> <p>2 was wondering if you could go through these and</p> <p>3 pull out any examples you find of documenting</p> <p>4 conversations with clients.</p> <p>5 (The witness complied.)</p> <p>6 MR. TRETTER: I would like to go on</p> <p>7 the record. While the witness is going</p> <p>8 through the documents at the request of</p> <p>9 Mr. Matt, I think it should be made clear</p> <p>10 that these customer communications were</p> <p>11 found in a file entitled AWP Issues, and</p> <p>12 that this doesn't purport to represent</p> <p>13 every communication that the witness ever</p> <p>14 had with customers. We went to the file</p> <p>15 that we thought would be the most pertinent</p> <p>16 to you.</p> <p>17 MR. MATT: Okay.</p> <p>18 BY MR. MATT:</p> <p>19 Q. And how thick was that particular</p> <p>20 file?</p> <p>21 A. Two inches, maybe.</p> <p>22 Q. And you reviewed that file for</p>

(Pages 58 to 61)

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1 MR. TRETTER: Okay. Maybe you want
2 to mark this one?

3 MR. MATT: Not yet.

4 MR. TRETTER: Okay.

5 MR. MATT: I actually have another
6 one I think I want to do first, I think,
7 that's a little bit older than that one.

8 BY MR. MATT:

9 Q. Before we move on to look at a-
10 PowerPoint that I want to go over - a couple of
11 PowerPoints that I want to go over with you,
12 Mr. Akscin, I want to double back for a second
13 on some earlier testimony.

14 You testified that you've had many
15 discussions with OBOs, and my question would be
16 who within an OBO office do you typically speak
17 to?

18 A. That ranges, but typically it's with
19 what's commonly known in the industry the
20 practice manager or the practice administrator,
21 as well as from time to time with the, for lack
22 of a better term, the chief medical officer.

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1 The head doctor, so to speak.

2 Q. And does the practice administrator
3 handle the business side?

4 A. The practice administrator focuses
5 on the business side.

6 MR. MATT: Okay. I want to
7 introduce another exhibit, a PowerPoint,
8 that I would imagine you probably
9 recognize. That's actually for your
10 lawyer, Mr. Tretter, and then I'll have the
11 court reporter mark this as Exhibit Akscin 002.
12 (Exhibit Akscin 002, document headed
13 Reimbursement in Office Based Oncology,
14 Sales Meeting, July 11, 2000, Bates
15 numbered BMS/AWP/000096632 to 642, was
16 marked for identification.)

17 BY MR. MATT:

18 Q. Why don't you go ahead and take a
19 moment to review what the court reporter has
20 marked as Exhibit Akscin 002, which for the record
21 is a PowerPoint titled Reimbursement in Office Based
22 Oncology, Sales Meeting July 11, 2000. John

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1 Akscin is the name on the first page.

2 And the Bates numbers are

3 BMS/AWP/000096632 to 6643.

4 After you've had an opportunity to
5 review this, let me know when you're ready for
6 some questions.

7 THE WITNESS: (Reviewing document.)

8 BY MR. MATT:

9 Q. Are you ready?

10 A. I am.

11 Q. First of all, did you prepare this
12 based on your experience in researching to the
13 concerns of OBOs?

14 A. It appears to be one of my
15 presentations.

16 Q. Was it maintained in your files or
17 on your computer in the course of your
18 responsibilities with OTN?

19 A. Most likely, yes.

20 Q. And when you made this presentation,
21 did you strive to be as accurate as possible?

22 A. I did.

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1 Q. So on page 6636, in the middle slide
2 there it says "Top Three OBO Concerns"?

3 A. Correct.

4 Q. So when you wrote this, you
5 accurately presented the top three OBO concerns
6 as "Reimbursement, Today; Reimbursement,
7 Tomorrow; Reimbursement!" Correct?

8 MR. TRETTER: Objection to the form.

9 A. The point of that specific slide,
10 "Top Three OBO Concerns," with "Reimbursement,
11 Today," "Reimbursement, Tomorrow," and
12 "Reimbursement" is a boil-down, if you will, of
13 what office based oncology customers were
14 telling OTN at that time.

15 Q. Okay.

16 A. It's not OTN's concern. It's what
17 our customers have told us is their concern.

18 Q. Correct. Thank you for clarifying
19 that.

20 And who attended this sales meeting?

21 A. This was a sales meeting that was
22 attended for the most part - it was a midyear

23 (Pages 86 to 89)

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<p>1 sales meeting, going back five years, to July of</p> <p>2 2000. Typically those sales meetings were</p> <p>3 attended by OTN outside sales, OTN inside sales,</p> <p>4 and some representatives of the OTN marketing</p> <p>5 group.</p> <p>6 Q. Approximately how many people would</p> <p>7 be at a meeting of that size?</p> <p>8 A. Sixty to seventy.</p> <p>9 Q. And do you have a recollection of</p> <p>10 how many times you made this presentation?</p> <p>11 A. This specific presentation was made</p> <p>12 once or twice to the company, to the sales group</p> <p>13 as a whole.</p> <p>14 Q. Was it ever made to BMS sales</p> <p>15 representatives?</p> <p>16 A. I believe that I may have made a</p> <p>17 similar presentation to BMS sales meetings. Not</p> <p>18 on a national basis, but more on a district</p> <p>19 basis.</p> <p>20 Q. And would you have maintained copies</p> <p>21 of all the PowerPoints you used in your</p> <p>22 meetings?</p>	<p>1 55 percent of office based oncology treats</p> <p>2 Medicare patients. Nationally, very broad</p> <p>3 scope. Again, publicly available information.</p> <p>4 The further bullet points below that</p> <p>5 are intended to point out that there are</p> <p>6 specifically -- there are specific services and</p> <p>7 supply items that the Medicare system reimburses</p> <p>8 for, and more specifically points out the</p> <p>9 reimbursement system at that time, being July of</p> <p>10 2000, as to the benchmark process that was used</p> <p>11 for reimbursement.</p> <p>12 Q. And that's the reference to AWP?</p> <p>13 A. And that is the reference</p> <p>14 specifically on drugs, the benchmark for</p> <p>15 reimbursement at that time was AWP.</p> <p>16 Q. Okay. And then below that there's a</p> <p>17 slide titled "Gross Revenue Mix"?</p> <p>18 A. Mm-hmm.</p> <p>19 Q. Is that 64 percent?</p> <p>20 MR. TRETTER: You have to say yes or</p> <p>21 no.</p> <p>22 A. I'm sorry. Yes.</p>
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<p>1 A. For the most part. I have, again,</p> <p>2 to my knowledge on my laptop I do have copies of</p> <p>3 most of the presentations I've made.</p> <p>4 Q. And you usually keep those on your</p> <p>5 laptop as opposed to paper copies?</p> <p>6 A. That is correct.</p> <p>7 Q. Could you please reference page</p> <p>8 6634. The middle slide references "OBO</p> <p>9 Revenue"?</p> <p>10 A. Mm-hmm.</p> <p>11 Q. And the bullet point says "Highly</p> <p>12 Medicare Driven" and one of the four dashes</p> <p>13 under that bullet point says "Drugs - AWP."</p> <p>14 Is this a reference to AWP as a</p> <p>15 revenue source?</p> <p>16 A. The intent of the slide is to point</p> <p>17 out a couple of things. Number one, the slide</p> <p>18 indicates that as is publicly available</p> <p>19 knowledge, office based oncology is --</p> <p>20 represents approximately 50 to 55 percent</p> <p>21 Medicare population. So that is the implication</p> <p>22 of being highly Medicare driven. Again, 50 to</p>	<p>1 Q. And is that 64 percent of revenues</p> <p>2 at the time to OBOs came in the form of</p> <p>3 reimbursement for drugs. Is that correct?</p> <p>4 A. That is correct. And again that was</p> <p>5 based on nationally-published data by a number</p> <p>6 of different resources.</p> <p>7 Q. Has that generally been your</p> <p>8 experience since you've been an OTN employee?</p> <p>9 A. It was my experience as a practice</p> <p>10 administrator, and up until 2005 it's</p> <p>11 predominantly been the experience as reported by</p> <p>12 office based oncology customers.</p> <p>13 Q. Could you please turn to page 6638.</p> <p>14 There are three slides here. The middle one</p> <p>15 says "Average Wholesale Price"?</p> <p>16 A. Yes.</p> <p>17 Q. And there's a bullet that says, "AWP</p> <p>18 does not represent actual acquisition cost" and</p> <p>19 then there's a dash, and it says "20 to 25</p> <p>20 percent differential for sole source products."</p> <p>21 When you use the word</p> <p>22 "differential," does that refer to the</p>

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1 difference between AWP and actual acquisition
2 cost?
3 A. At that time that's what that
4 referred to.
5 Q. And are those differences
6 exemplified on the following page, 6639, in the
7 top slide that says "Drug Reimbursement Today"?
8 A. The point of that slide, top slide
9 on page 6639 --
10 Q. Yes.
11 A. -- is to indicate a number of drugs,
12 as an example of many drugs whereby there is a
13 differentiation.
14 Q. Okay. And the difference in this
15 slide specifically is between Medicare
16 reimbursement, which is a column, and estimated
17 acquisition cost, which is another column,
18 correct?
19 A. That is correct.
20 Q. And if you recall, what is the
21 source of the information in the estimated
22 acquisition column?

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1 A. The source of the information on
2 estimated acquisition cost at that time was, to
3 my knowledge, predominantly OTN's pricing for
4 the drug.
5 Q. The next slide on that same page
6 says "What is happening?"
7 Does this refer to the change we
8 were discussing earlier in which HCFA was
9 proposing to change the AWP's for fifty products?
10 A. It does.
11 Q. The last dash there says, "FDB to
12 collect information from wholesalers - OTN is
13 listed first."
14 Could you be more specific about
15 what that refers to?
16 A. In support of some of the
17 information that was collected by government
18 resources, First DataBank, which is again one of
19 those resources that report AWP information, was
20 to survey certain wholesalers to obtain
21 additional information regarding pricing as it
22 relates to AWP.

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1 Q. And did First DataBank in fact
2 survey OTN on these fifty drugs?
3 A. I am not aware of whether they did
4 or not.
5 Q. In the course of your
6 responsibilities at any time as an OTN employee,
7 did you have communications directly with First
8 DataBank personnel?
9 A. I have not.
10 MR. MATT: I think that's all the
11 questions I have on that one. Thank you.
12 Mark this as the next exhibit,
13 please.
14 (Exhibit Akscin 003, document
15 entitled "Update on AWP," Bates numbered
16 BMS/AWP/000097165 to 171, was marked for
17 identification.)
18 BY MR. MATT:
19 Q. The court reporter has handed to you
20 Exhibit Akscin 003 to your deposition, Mr. Akscin,
21 which relates to an Update on AWP PowerPoint.
22 The Bates numbers, for the record, are

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1 BMS/AWP/000097165 through 71. Take an
2 opportunity -- or actually, after you've had an
3 opportunity to review that, let me know and I'll
4 ask you a few questions.
5 (Witness reviews documents.)
6 BY MR. MATT:
7 Q. The court reporter -- I'm sorry.
8 Exhibit Akscin 003 that's before you, Mr. Akscin,
9 looks like an e-mail Mr. Brodowy sent to you.
10 Correct?
11 A. It appears so.
12 Q. And I noticed that some of these
13 slides look pretty similar to some of the slides
14 we just saw in Exhibit Akscin 002.
15 A. Correct.
16 Q. My question is: Does Mr. Brodowy
17 give presentations?
18 A. From time to time I understand he
19 did at meetings that I did not attend.
20 Q. And was it your practice to assist
21 him in preparing slides for those presentations
22 from time to time?

25 (Pages 94 to 97)

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1 may be interfaced to pass data collected through
2 the Lynx process to the practice's PMS system to
3 simplify -- simplify the billing process and
4 claims filing process.

5 Q. Is Lynx predominantly a product
6 ordering/inventory management type software?

7 A. It is an inventory management or
8 pharmacy management system, correct.

9 Q. The next bullet is "Documedics." We
10 discussed that earlier in your testimony?

11 A. Yes.

12 Q. The next bullet is KRI. We've also
13 discussed that.

14 A. Correct.

15 Q. The next bullet is "Lynx2otn.com."
16 Can you describe that, could you describe the
17 Lynx2otn.com site generally for us?

18 A. WWW.Lynx2otn.com is a customer
19 website maintained by OTN with the purpose of
20 providing information to our customer on issues
21 important in the office based oncology
22 environment.

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1 It also has a component for ordering
2 drugs on line, similar to an Amazon.com type of
3 component. Okay?

4 Q. Are you familiar with a report that
5 used to be called the AWP Price Report?

6 A. A report somewhat similar to that,
7 yes.

8 Q. And that was something that a
9 customer could view by accessing the Lynx2otn
10 website, correct?

11 A. That is correct.

12 Q. And that report is no longer used,
13 right?

14 A. That report, as it was known at that
15 time, is no longer used.

16 Q. And when I call it the AWP Price
17 Report, is that the title you're familiar with?

18 A. For the most part, correct.

19 Q. Okay. And did that report present
20 AWP reimbursement information in one column and
21 acquisition cost in another?

22 A. To my knowledge, without having a

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1 report in front of me, on a high level we
2 reported in that report for the drugs purchased
3 by the practice, okay, information regarding
4 AWP, which was updated on a monthly basis for
5 the most part, and information based on the
6 pricing that that customer received for the
7 drugs that they purchased.

8 Q. And in your conversations over time
9 with OTN customers, did they indicate to you
10 that they found that report useful?

11 A. The entire intent of the report was
12 to assemble data that was available in the
13 public sector, available through Micromedics Red
14 Book, and to condense that data for the drugs
15 most frequently used by oncology practices, the
16 practices found that to be very valuable,
17 because if you've ever seen a Red Book, it's
18 like the Manhattan yellow pages.

19 Q. I have seen it, and I agree.

20 I have one more question: On page
21 826 is a slide relating to "Managed Care
22 Contracting."

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1 A. Mm-hmm.

2 Q. The third bullet says "Access Med:
3 Legal Review."

4 A. Okay.

5 Q. What does that refer to?

6 A. Access Med -- excuse me, I want to
7 look at the date on this. This is '03, correct?
8 Yes, January of '03.

9 Access Med, at that time, okay, is
10 a division of ProStat Resources. We talked
11 about ProStat Resources earlier in my testimony.
12 Okay?

13 At that time Access Med, based on
14 referral, would review a managed care contract
15 of a customer, if the customer wanted that
16 service. It was a business transaction between
17 the customer and Access Med, and that was it.
18 OTN was not associated with that relationship.
19 We had no contractual relationship formally with
20 Access Med, again, a division of ProStat
21 Resources.

22 Q. Would Access Med review those

29 (Pages 110 to 113)

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1 Bates number on the bottom of the document for
2 purposes of identification, it would be helpful.
3 A. Specifically pages 904 and 905.
4 Q. And the exhibits beginning on page
5 908, are these kind of form marketing materials?
6 And what I mean by that question is, are these,
7 you know, pre-printed marketing materials that
8 are distributed to clients or potential clients
9 as opposed to being something specifically
10 prepared for this proposal?
11 MR. TRETTER: Were these actually
12 used at the time?
13 MR. MATT: Yeah.
14 A. These, specifically page 909, 910,
15 874 and 912 --
16 MR. TRETTER: 874?
17 A. I'm sorry. 911 -- I looked at the
18 wrong number, I'm sorry.
19 To repeat, specifically pages 909,
20 910, 911 and 912 are for the most part, based on
21 my recognition of the documents, mass produced,
22 commonly used marketing materials.

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1 Q. Okay. Thanks. I have one other
2 question on this one.
3 On page 909 there's a bullet point
4 that references "Payer reimbursement
5 methodologies and allowables."
6 A. Mm-hmm.
7 Q. I was wondering if you could be more
8 specific about what is referenced there.
9 A. That normally will be referencing
10 various payer resources, not just Medicare, but
11 other managed care and private insurance, as to
12 first of all which methodology might be used.
13 There are various methodologies that are used in
14 healthcare on which to base payments for drugs,
15 as well as services.
16 And then the allowables portion of
17 it would be the actual numbers associated with
18 this. And again, this was a service under this
19 side that was provided by DocuMedix.
20 Q. Thank you.
21 MR. MATT: Mark this as the next
22 exhibit.

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1 (Exhibit Akscin 007, document
2 entitled The Network News, January/February
3 1997, Bates numbered BMS/AWP/000095588 to
4 611, was marked for identification.)
5 Q. The court reporter has marked as
6 Exhibit Akscin 007 to your deposition a
7 January/February 1997 issue of The Network News. It's
8 numbered 000095588 to 611.
9 Are you familiar with The Network
10 News?
11 A. I am.
12 Q. How often did OTN publish this?
13 A. Not being with OTN back in 1997, I'm
14 unsure of that.
15 Q. What about during the time you were
16 with OTN?
17 A. We strove to produce this document
18 somewhere between bimonthly and quarterly.
19 Q. And does OTN still produce The
20 Network News?
21 A. Most recently we began producing
22 Network News again.

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1 Q. So there was a time frame during
2 which it wasn't produced?
3 A. That is correct.
4 Q. And what's the approximate dates, if
5 you recall?
6 A. Very little production in 2003 and
7 early 2004. I think we resurfaced this
8 communication tool to our customer base sometime
9 late 2004.
10 Q. Is there a particular reason why
11 production slowed or decreased in 2003/2004?
12 A. My understanding was it had to do
13 with marketing resources at the time.
14 Q. If you could please turn to the page
15 that has the Bates number 604. There's AWP and
16 HCPCS information presented here, correct?
17 A. That appears to be.
18 Q. To your recollection was this
19 information included in every issue of The
20 Network News while you worked at OTN?
21 A. In Network News issues published
22 during my tenure at OTN beginning in December of

(Pages 122 to 125)

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